		1-	FOR STATE REGISTRAR			OF HEALTH AND MENTAL HY	GIENE 6 1). D.	3 2 1	
			CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR 2b. H	OUR
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ierol 72	570		ISTH LA.	11.5.A.		RRIED NEVER MARRIED DIVORCED	BALTIMOR	E COUN	TY	MD.
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ofte by the	Tool I	T	OWSON	GBMC=670	1 N. CH	ARLES ST.	Mang'T		1,623	STOS
in b	pe pe	USU.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIL	DENCE BEFORE ADMISS	ION) 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
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tely tely	iner	14. FA	THER'S NAME			15. MOTHER'S MAIDEN NA				
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exe exe	medical	1	YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	0 01 130	A FAMILY	RECORDS			
te be			18 CAUSE OF DEATH (Enter or						APPROXIMATE IN	ATERVAL AND DEATH
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on.	ows	E					YES NO	YES [
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ndin his c	d Me	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJU		211. LOCATION STREET	CITY OR TO	WN (OUNTY	STATE
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Sprite	of 1.		sow the deceased alive on above, (I) (we) (did) (did no			_, and that in (my) (our) opinion	deoth occurred on the de		The same of the	
e has	Ched Dept.		22b. SIGNATURE	QP.		DEGREE	MEDICAL STA	CC 3/	22t. DATE SIGN	
	ote D			and and		ATTENDING PHYSICIAN	MEDICAL STA	IAN	11-18-	.01
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o FUN	should be det with the Stote IMPORTANT:		S. GIRDHAR	, M. D.		GBMC-6701	I N. CHARL	ES SI.		
5 a 5.	5 3 ≧	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME	OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	cor	UNIY	STATE
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HMH-16 30/	M 2/80	24 F	UNERAL DIRECTOR		ADDRESS	25a D.4	TE REC'D BY REGISTRAR	256 REGISTRAR	SSIGNATURE	
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STATE OF MARYLAND

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etoined by the haspital or attending physician.	10 FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, particularly has detached for use as the hinner-transit permit. Then alease remove carbon appears, pages, and 2 should be filed within 72 hours often.	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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250 DATE REC'D. BY REGISTRAR 250 REGISTION FOR THE PROPERTY OF THE PROPERTY OF

1981

The Real Property lies				STAT	E OF MARYLAND	63 .	9	0 1	1 3
FOR 1 - STATE			DEPARTA	MENT OF H	EALTH AND MENTAL HYG	IENE O	dia	0	1 3
REGISTRAR			4.00	CERTIF	ICATE OF DEATH	REG	NO		
1 DECEASED NAME	EIRGT		WIDDLE 8		LAST	20. DATE OF DEATH		Y YEAR	2b HOUR
(TYPE OR PRINT)	Hele	n		Na	ylor	November	6, 198	1	7:15 A
3. SEX		4 RACE		5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY)	UNDER I VEAR	IF INDER 24 HR
Female		White		May	5, 1885	96	YRS	DATE DATE	HOURS MIN.
To. BIRTHPLACE	ATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED X	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
Maryland	1	U.S.A.		WIDOWE	DI DIVORCED	Balti	more Co	unty,	MD.
10. CITY OR TOWN C	F DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUP		12b. KIND C	F BUSINESS OR
Towson		Dulane	y Towson	Nursi	ng Home	Home Mak	er	Own Own	Home
USUAL RESIDENCE (130. STATE Maryland	13b. COUN		13c. CITY OR TOW Towson	N	138 INSIDE CITY LIMITS?	13e STREET ADDRES	Road		
14 FATHER'S NAME		MIDDLE	4.457		15. MOTHER'S MAIDEN NA				
Unkr	nown	WIDDLE	Naylor		FIRST	KNOWN		LAS	100
160 WAS DECEASED			166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADI	RESS		
NO OR UNKNOW	VN) (IF YES, GIV	E WAR OR DATES)	218-54-0	827	Henry L. Roc	klin, Jr. E	'ayette	& Calv	ert St.
18 CAUSE OF	DEATH (Enter or	nly one couse per	line for (a), (b), and	dıc.				APPROXI	MATE INTERVAL ONSET AND DEATH
PART I. DEA	ATH WAS CAUSE	Ď BY TE CAUSE (a)			heart failure				
45	C) A								
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gave rise to		3			Design the second		74-313	1.00	
	cause last.	DUE TO, O	r as a conseque	NCE OF					
PART 2 OTHER	RSIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DE ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	ONDITION GIVE	V IN PART 1	0
CERTIFICATION OF 1 THE CATON OF 1 TH	PERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
JE I						YES T NOT	IN CERTIFY	ING CAUSES	OF DEATH?
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	G CAUSE OF DE	ATT.	m. month da m.	YEAR				1/ = /	
OR CONTRIBUTION (IF EITHER NOTIF	CCURRED	21e. PLACE		19	211. LOCATION			1	
AALLIEE	NOT WHILE AT WORK	(AT HOME STI	REET, FACTORY, OFFICE, F.	ARM, ETC.)	STREET	CITY OF	IOWN	COUNTY	STATE
220.1 certify th	nat (1) (this hospi		e deceased from_	Augi	ust 2 19 77	. to Novem	ber 6 19	81	that (I) (Ne) last
saw the d	eceased alive on	Novemb		31, 01	nd that in (my) (o %) opinion i	death occurred on the	dote and hour	and from the	couses stated
22 GNATUR			0-	_	DEGREE			22¢ DATE	SIGNED
bon	ald E	DW	- Llu	CA	ATTENDING PHYSICIAN [MEDICAL S'	TAFF SICIAN []		
22d PHYSICIAN	N'S NAME (TYPE C	OR PRINT)			22e ADDRESS				
Donald	d O. Woo	d, M.D.			2 Greenwood	Drive Ti	imonium,	Md.21	.093
23a BURIAL, CREMAT	ION, REMOVAL	23b. DATE	23€ ト	NAME OF C	EMETERY OR CREMATORY	236. LOCATION		15 (50 ALAS)	
Burial		11-9-	81 P	arkwo	od Cemetery	Parkvi	lle Ba	lto.,M	de

1050 York Road

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHY retained by the haspital or attendi

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IMPORTANT: If Item 21 is morked or Ite

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0		
	1 DEC	CEASED NAME	FIRST		MIDDLE	L	AST		MONIH	DAY YEAR	2h HOUR
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	3 SEX	ale	4.1	Cauc	asian	5 DATE C	DF BIRTH 16-1928 YEAR	6. AGE (IN YEARS LAST BI		MONTH DAT	IF NEER 1 HRS
194	7a BI	RTHPLACE LITATE C	R FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 AAAPDIEI	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
		North C		a U	SA	WIDOWE		Baltimore	Coun	ty	MD.
7		Balto.	EATH 11	(IF NOT IN SUC	HOSPITAL, NURSINI H FACILITY, GIVE STREET A Klin Sql	(DDRESS)	Hospital	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Inspect	F WORKING L		• Steel
5	13a S	Md.	13b COUNTY Balt	HER INSTITUTION	Balto	ADMISSION)	134 INSIDE CITY LIMITS?	9511 Per	ry H	21 all Bl	236 vd.
		Raleigh	Neal	DIE	LAST		Ruby Mass	MIDDLE		LAS	Té
	160 V	VAS DECEASED EVI		D FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDR	ESS	212	36
	()	yes	WWI:	L OR DATES)	215-24-	1764	Jane P. Nea	al 9511 P	erry	Hall	Blvd.
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7	FICAT	190 DATE OF OPER	ATION	196 COND	TION FOR WHICH	OPERATIO	n was performed	20a AUTOPSY?		S, WERE FINDIN	
	MEDICAL CERTIFICATION	21a. ACCIDENT WAS LOR CONTRIBUTING [IFEITHER NOTIFY MILE AT WORK AT	CAUSE OF DEATH DICAL EXAMINER) RRED White Corrections of the correction of the cor	21e. PLACE (AT HOME STI	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE FA e deceosed from 1	IPM ETC)	216 HOW INJURY OCCURR 216 LOCATION STREET DET 27 19 81 and that in (X)X (our) apinion of physician physician [22e ADDRESS]	city or to	er 29 ote and har	COUNTY	
	Z		Keating	Tab.	/		9000 Frankl	in Square I	rive.	21237	7
	23a B	URIAL, CREMATION	N. REMOVAL	236 DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION			

BP____

etained by the

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has bee should be detached for use as the burial-transit permit with the State Dept of Health and Mental Hygiene prior.

IMPORTANT: If Item 21 is

TTENDING PHYSICIAN: The

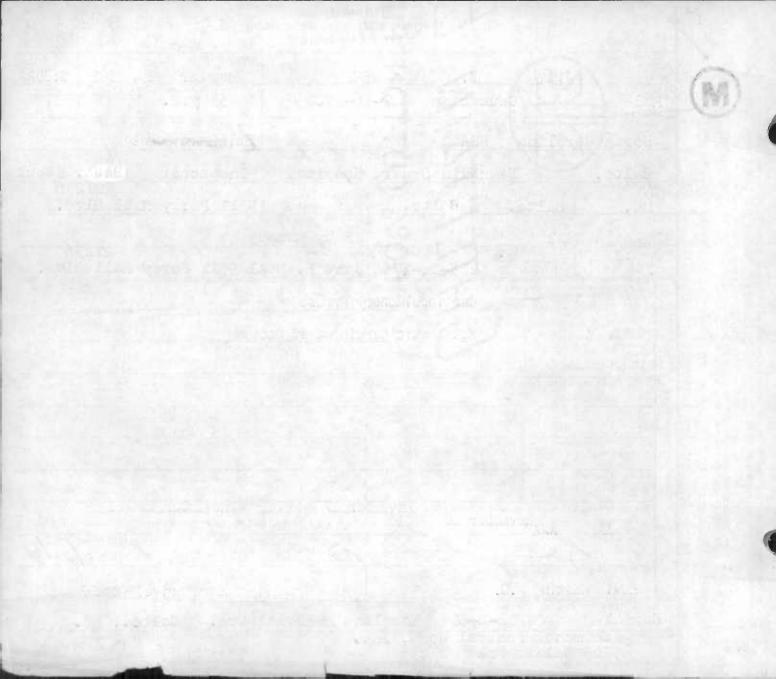
morked or Item 18 shows ony injury, or other troumotic event,

Burial 12-2-81 Morelan 24 FUNERAL DSFChimunek Funeral Home, Inc. 9705 Belair Road 21236

Moreland Memorial Cem. Balto., I

rial Cem. Baluo., 250. Date REC D. By REGISTRAR 256. REGISTRAR S SIGNATURE.

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editorex	à	FIRST	nry	Neiser		Anna II INFORMANT	MIDDL	DRESS	Mess	enger
TIMORI in and ci in and ci in the m			VE WAR OR DATES			Bertha Sch		9719 P		elphia F
RDS, 201 W. PRESTON ST., I wrequires that the death certilen signed by the attending phy The busies cremove carbon pagor to burial, cremation, or remains in the juny, or other traumatic.	NOI	Conditions, if any, which gove rise to immediate cause iai, stating the underlying cause last	DUE TO, C	OR AS A GONSEQUE	- V	D-AD NOT RELATED TO THE TERM		ONDITION GIVE	N IN PART III	21.
F VITAL RECORDS, SICIAN: The law rec ysician. rentificate has been si reasts permit. Then tal Hygiene prior to tel I Hygiene grior to	L CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME (DEINJURY DA	YEAR	N WAS PERFORMED	YES NO	IN CERTIFY		NGS USED OF DEATH? NO
DIVISION OF VITAL ENDING PHYSICIAN: If attending physician. OR: After this certificate e as the burial-transur pe e as the burial-transur pe e as the burial-transur pe is marked or item 18	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a.1 certify that (1) (this has)	21e PLACE (AT HOME, ST	OF INJURY TREET, FACTORY, OFFICE, F	19 ARM, ETC)	211 LOCATION STREET	CITY OR	Town	COUNTY	stant stant (I) (we) lost
TO HOSPITAL UR ATTI retained by the hospital or TO FUNERAL DIRECTC should be detached for us with the State Dept. of H IMPORTANT: If Item 21		saw the deceased alive to above (1) (we) (did) void no 226. SIGNATURE Valuation 1274 PHYSICIAN'S NAME (TYPE	out view the bod		,	DEGREE ATTENDING PHYSICIAN 272 ADDRESS		STAFF YSICIAN		causes stated
		BURIAL, CREMATION, REMOVA	L 23b. DATE	1-1		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	(OUNTY	STATE
BP DHMH-16 25M (VRA 15, 4) 1/79		Burial UNERAL DIRECTOR LAGARA Fur	enal He	9/81 GE	401 E	s of Faith	Overlea E REC'D. BY REGISTR V 23 1981		timor Signatural	

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		Marin Resident Committee C	
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all invented to see your field to employed third it.			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, ar other traumatic event, th

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 8

1		REGISTRAR			CERTIF	ICATE OF DE	ATH	REG. NO	0.		
		OR PRINTS		WIDDLE	L	AST			MONTH	DAY YEAR	26 HOUR
		El	izabeth		Neu	eder		November	29,	1981	M
	3 SEX		4 RACE		5 DATE C		W5.10	6. AGE IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HR
		Female	W.	hite	Aug	· 4,	1896	85	YRS.	MONTHS TIAT	HOURS MIN.
7	7a BII	RTHPLACE TATE OR FOREI	IGN 76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER MA	PRIED [9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
		Germany	U.S	.A.	WIDOWE		RCED	Baltimor	e Cor	unty	MD
1	10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTIT	UTION	120 USUAL OCCUPATION OF WORK FOR MOST O			F BUSINESS OR
1		Ruxton		or Care R				Housewif		J. J	
1		AL RESIDENCE (IF NURSING F TATE 13b	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE CITY	LIMITS? 1	13e. STREET ADDRESS	Bal	t. Md.	21234
1	1	Maryland B	Baltimore	Parkvil	le		10	2221 Wi	lker	Avenue	
74	14 FA	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S A	AAIDEN NAA	AE MIDDLE	1215	LASI	
1		Joseph	H	acklinger			dalen	a		eipfinge	r
		VAS DECEASED EVER IN L	J.S. ARMED FORCES? YES GIVE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMANT			Dar	Lt., Md.	21234
ı		No		220-54-8	414	Elfried	le Mor	gan 2221 W	ilker	r Avenue	
		18 CAUSE OF DEATH E	CALICED DV	1 .		-				BETWEEN C	MATE INTERVAL DISET AND DEATH
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	z	PART 2 OTHER SIGNIFIC	CANT CONDITIONS CO	DNTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMI	INAL DISEASE OR CONE	DITION GI	VEN IN PART 1(D	, ,
	CERTIFICATION	190 DATE OF OPERATION	N TIPE COND	ITION FOR WHICH	OPERATIO	N WAS PERFORA	AFD	20a AUTOPSY?	Took IF VE	S, WERE FINDIN	ICC LICED
	IFIC.	IN DATE OF OTERATION	170 COND	THOM TOR WINCH	OFERATIO	WAS FEN OWN	NED.		IN CERT	FYING CAUSES	OF DEATH?
	ERT	21g. ACCIDENT WAS UNDERLY	ING 21b. TIME O	F INJURY		Tale How INdu	RY OCCURR	YES NO		ES DARRES	NO 🗌
		OR CONTRIBUTING CAUS	E OF DEATH HOUR A.	M. MONTH DA			ar occomi	ED TEINTER INNIUNCOT INSON	THE HEAVING	TANII OR FARIZI	
	MEDICAL	(IF EITHER NOTIFY MEDICALE:	21e PLACE		19	21f. LOCATION			-		
	WE	WHILE NOT WHILE	AAT HOME STE	REET, FACTORY OFFICE, FA	ARAN ETC	STREET		CITY OR TO	NN	COUNTY	STATE
	100	22a. I certify that (1) (this	s haspital attended th	e deceased fram	Aug		10 17	10 29 N	00	1081	that (I) (we) last
			live 23 N			d that in (my) a	ur) apınıan d	lepth accurred an the do	ite and ha	ur and Iram the c	couses stated
	T.	22b. SIGNATURE	and yiew the body	after death.		DEGREE		1		22c. DATE S	
		Cure	LVea	Sum	•		ENDING YSICIAN	MEDICAL STAF		30 No	1181
		22d. PHYSICIAN'S NAME	(TYPE OR PRINT)	1		22e ADDRESS	, o, c, A, A	, Director Cartainsie		1	
		Marc L	eavey, M.D			7600	Osler	Drive Ba	ltimo	re, Mar	yland

BP.

DHMH 16 50M 1/81 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE Burial Dec 2 1981 231 NAME OF CEMETERY OR CREMATORY Gardens of Faith

23d LOCATION
CITY OF TOWN
Baltimore

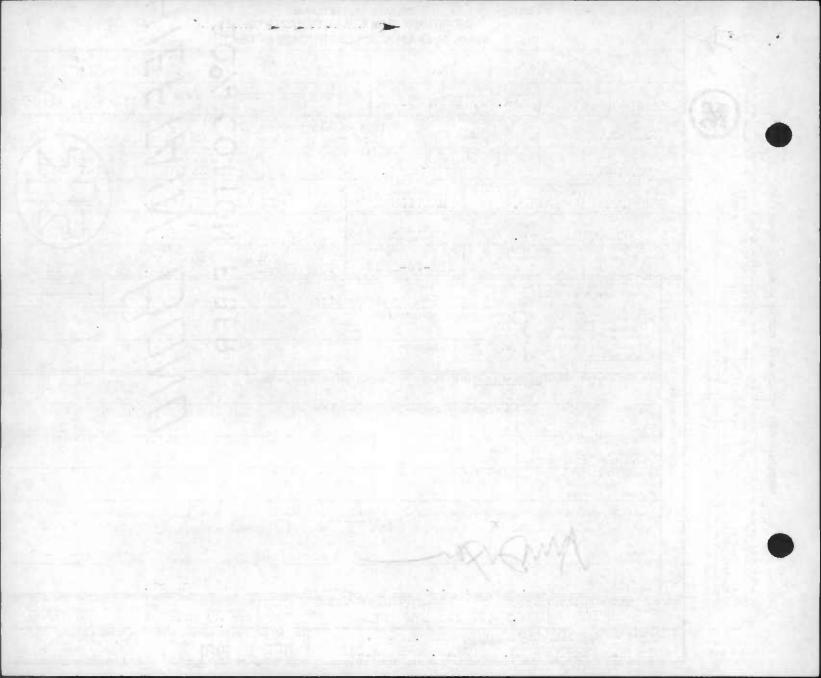
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24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Maryland 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR

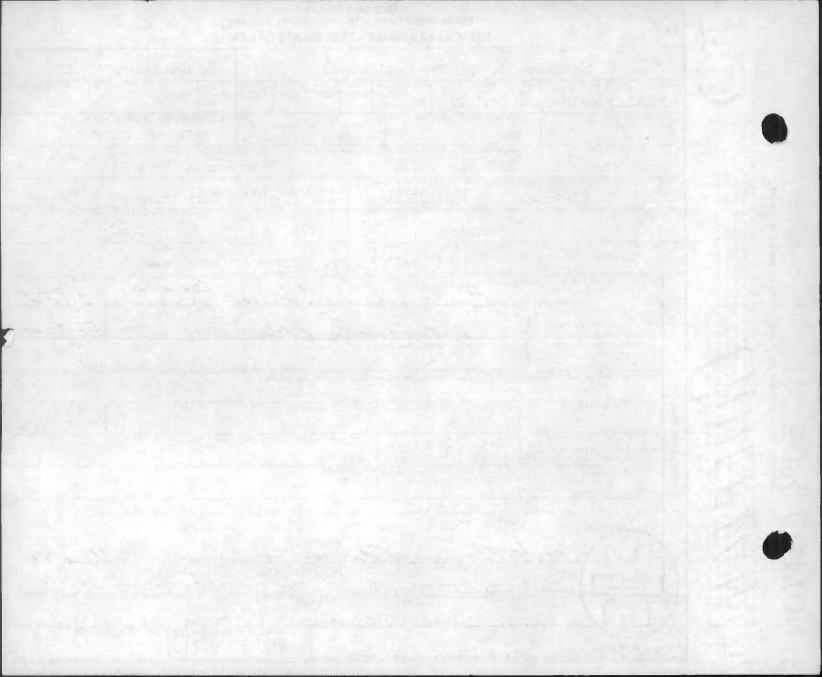
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RE, MD.	DEATH. IF		THER'S NAME FIRST DONA		MIDDLE H.	CAPLAN		IS MOTHER'S MAIDEN FIRST JOAN	NAME	E.	K	CRAMER
ALTIMO	JRS AFTER D B. GIVE PAG WITH FORM DIVISION C	16a. W	VAS DECEASED I ES, NO, OR UNKNOW! NO	EVER IN U.S. ARM N) (IF YES, GIVE V		166. SOCIAL SECURITY 213 → 76 → 10.		7 INFORMANT PA 739 HOWAR	UL NORRI: D RD.	S BALTO.,	MD	21208
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ITAL RE	CHIEF M CHIEF M CHIEF M CHIEF M OF HEA JRIAL, C	CERTIFICATION	19a. DATE OF O	PERATION	196. CONDIT	ION FOR WHICH OPERA	ATION WA	S PERFORMED?				AUTOPSY?
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DIVISIO	E, WRITING THE WARTING THE SWARDED TO PAGE 3 SHOUL STATE DEPARTING THE STATE DE	MEDICAL	21d INJURY OC WHILE AT WORK	CURRED	21e PLACE O	OF INJURY (AT HOME, ORY, FARM, ETC.)	21f. LOC	ATION REE1	CITY OR TO	NAI	COUNTY	STAT
D	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE & SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120		22a I certify		CONTRACT OF THE PARTY OF THE PA	ribed obove, held on Accident , Suic	Autopsy	Homicide TITLE (SPECIFY) ASSISTAN	Undetermined m	onner,	ny opinion ATE 1	11-29-81
	MEDIC ECUTE T GE 4 SH FUNER LTIMOR	-	EXAMINER'S NA	AME Ann	M. Dixon,	M.D.	A	DDRESS		enn St.		
	BP B	23a.BU		ON, REMOVAL 23	NOV .30,19	81 BETH TF	ETERY OR I LOH	CREMATORY	BALTIM	ORE	COUNTY	MARY ĽÄ'ND
	DHMH-17 (VR A15 ME (5)) 15M 2/80	-	INERAL DIRECTO NAME 010 REIS	OR SOL	LEVINSON	G BROS., IN	C.		1 1981	256 REGISTRA	R'S SIGN	Verthen

(VR A15 ME (5)) 15M 2/80



STATE OF MARYLAND



complete

papers. Pages 1

injury, ar other traumatic event, the

should be detached for use as the burial-transit permit. Then please remove carbain appears with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

ATTENDING PHYSICIAN: The law

etained by the haspital or attending physicia

TO FUNERAL DIRECTOR

MPORTANT: If them 21 is marked ar them 18 shaws any

FOR STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH
CEASED NAME	FIRST	MIDDLE	LAST
	EDITH	F.	OGLE

- STATE REGISTRAR				CERTIF	ICATE O	FDEATH		REG.	NO.			
DECEASED NAME	FIRST	,	WIDDLE		LAST		20 DATE	OF DEATH	MONTH	DAT	YÉAR	26 HOUR
The Contraction	EDITH		F.		GLE				11	18	81	6:05 Am
SEX	4	RACE	R Tray Ti	5. DATE C			6. AGE (III	YEARS LAST I	SIRTHDAY)		DERTYEAR	IF NUER . 4 HR
FEMALE		WHIT	E	11	13			95	YR:	MON'S	LATS	HI AS MIN.
BIRTHPLACE (NIATE OF	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVE	R MARRIED	9 BALTIM	ORE CITY	OR COUP	ITY OF E	DEATH	
MARYLAND		U.S.	Α.	WIDOWE		DIVORCED	BAI	TIMOR	E COL	JNTY		MD.
CITY OR TOWN OF DE	ATH 11		HOSPITAL, NURSIN		OR OTHER IN	STITUTION		L OCCUPA			KIND O	F BUSINESS OR
CATONSVIL	LE		MMIT NURS		HOME			RDRES				EMPLOYE!
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MARYLAND	BALTI	MORE	ARBUTUS		YES 🗍	NO X		LEED		ENUE	. 212	229
FATHER'S NAME		0.15		45	15 MOTHE	R'S MAIDEN NA						
PATRICI	K WID	DIE	FLANNE	ERY	15.35	SARAH		WIDDLE			GLE	ENNON
WAS DECEASED EVE	RIN U.S. ARME		16b SOCIAL SECU		17. INFOR		100	ADD	RESS		0.112	22121021
NO	(IF YES GIVE W	AR OR DATES)	212-24-	0065	MARC	ARET DEE	TMC 1	002 T	PFDC	A WE	MILE	21229
Conditions, if on gove rise to im cause to state underlying cause	mediate ng the	(b)	R AS MOONSPOUE	erd	1	essilo	er ol	16262	ne			
PART 2 OTHER SIG	NIFICANT COM	NDITIONS CO	NTRIBUTING TO E	DEATH BUT	NOT RELAT	ED TO THE TERM	INAL DISEA	SEORCO	NDITION (GIVEN IN	PART 1 c	
190 DATE OF OPERA	MIN	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PER	FORMED	200 AUT	TOPSY?				IGS USED OF DEATH? NO
OR CONTRIBUTION TO	CAUSE OF DEATH	216 TIME OF HOUR A.A P.A	M. MONTH DA	Y YEAR	21c HOW	INJURY OCCUR	RED (ENTER P	NATURE OF IN	IURY IN ITEM	8 PART I C	OR PART 2)	
(IF EITHER NOTIFY MEE 21d HNJURY OCCUR WHILE NOT W AT WORK AT WO	HILE 🔲	21e PLACE C	OF INJURY EET FACTORY OFFICE F.	ARM ETC	7H LOCA			CITY OR T	OWN	c	OUNTY	STATE
220.1 certify that (I sow the decem- above, (I) (we) (ed alive on	Nov	(1 10 F	Z	1	19 8 yı (aur) opinion	death occur	red on the	date and h	_, 19 x 0	,	that (I) (we) last couses stated
22b. SIGNATURE	Lerce		Antee	V.	DEGREE ()	ATTENDING PHYSICIAN	DIRECTO	STAR PHYS	AFF ICIAN [11. 1	P.P/
22d. PHYSICIAN'S N	AME (TYPE OR PR	INT)	1		22e ADDR	ESS						

ANKUDAS. M.D

1101 MAIDEN CHOICE LANE

230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY BURTAL 24 FUNERAL DIRECTOR 11-20-83 NEW CATHEDRAL

23d LOCATION BALTIMORE CITY 25a. DATE REC'D.

MARYLAND SIGNATURATION

2822

21229 ADDRESS HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

BP. DHMH - 16 50M 1/B1 (VRA 15, 4) The first place of the second state of the second s the second of the second of the second

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requires that the death certificate be

OR ATTENDING PHYSICIAN. The low offending physic

moined by the haspital or

TO HOSPITAL

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR			OLI AKII	CERTIF	ICATE OF	DEATH	OILINE 4	REG. N	٧٥.			3 17 17 17
	CEASED NAME	FIRST		MIDDLE	L.	AST		2a. DATE	OF DEATH	MONTH	DAY	YEAR	TA. HOUR
	OK PNINE)	ALBER	Т	G	O'MA	LLEY				11	19	81	613/m
1 SE	X	4	RACE		5 DATE C			6 AGE	IN YEARS LAST B	IRTHDAY)		ER YEAR	# UHMA 34 NaS
	MALE		WHIT	re	мом	7 01	28		53	YRS	MONTHS	DAYS	HOURS MIN
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	BALTO	Md.	U.	S.A	WIDOWE	D	OVORCED [BAL	TIMO	RE CO	OUNT	TY	MD.
10 C	ITY OR TOWN OF	DEATH		HOSPITAL, NURSING FACILITY, GIVE STREET		OR OTHER IN	NOITUTITE		ORK FOR MOST			KIND OI	F BUSINESS OR
	7065	ON	ST	JOSEPH 1	HOSPI	TAL		SOA	LESH	AN		NSU	RANCI
13a. S	AL RESIDENCE IIFN	13b. COUNT		13c. CITY OR TOW		13d. INSIDE	CITY LIMITS?	1 0	30),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	u. F	600	. P.I
14. FA	THER'S NAME	10.			-	-	S MAIDEN NA	-	200	DEE	A7/	ERK	y Ma.
1	= dware	LJ.	MIO	ALLEY	1	1	-O WIS	E	MIDDLE	K	NO	A .	
	VAS DECEASED EV			166. SOCIAL SEG	RITY NO.	17 INFORM	ANT		ADDR	RESS	1		
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	1/10	IMMEDIATE	CAUSE (o)	17 CU	He	100	CCU	TUN	ur			2	11
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177	gove rise to i	mmediate)	R AS A CONSEQUE	ENCE OF	-		1	1-00		19		
	underlying cor		(c)										
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CERTIFICATION			0					YES [IN CERT	YES	CAUSES	OF DEATH?
	210. ACCIDENT WAS I		HOUR A.	FINJURY M. MONTH D	AY YEAR	21c HOW I	NJURY OCCUR	RRED (ENTER	NATURE OF INJ	URY IN ITEM 18	PARTIO	RPART 2)	
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	220.1 certify that		D attended the	dospessed from	a	G	10 70		11-	10		3/	
	sow the dece	osed olive on _) (did) (did not,	11-1	6 196	, 6, 00	d that in (my	1 (our) opinion	death occur	rred on the c	date and ha	our and f	1	hot (I) (we) lost couses stated
	226 SIGNATURE	0 11	view life dody	one deding	1	DEGREE					22	C DATES	IGNED
	1	17/7	01	vilada	m	2	ATTENDING PHYSICIAN	MEDICA			T	11-	19-81
	224 PHYSICIAM'S	NAME (TYPE OF	RIP.		. ^	22e ADDRE	SS						
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O FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and campletely filled if the though be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or ather traumatic event, the

MPORTANT: If Item 21 is marked or Item 18 shows any

14 FUNESAL DIRECTOR

CITY OF TOWN

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DHMH - 16 50M 1/81 (VRA 15, 4)

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me a	7a. BIR	THPLACE (STATE OR FOR	REIGN 76 CT	TIZEN OF WHAT	COLUMN AT DIVID	RIED X NEVER		9 BALTIMORE CITY O	R COUNT		
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11/	10. CI1	Y OR TOWN OF DEATH			AL, NURSING HOM			120 USUAL OCCUPATI			F BUSINESS
2		ossville			Square Square		tal	Carpente:	r	Ship;	yard
506	J⊌SUA 13a. S	L RESIDENCE (IF NURSING	3b. COUNTY	13c CIT	TY OR TOWN			13e. STREET ADDRESS		X MILES	
£).		ryland	Balti	more	21162	YES 🗌	ио 🕅	112 Bake	r Ro	ad	
12/	14. FA	THER'S NAME	MIDDLE	0111	LAST		R'S MAIDEN NAM	MIDDLE	1	Tra	ST .
-	17	Bernard	1116 101150		nger		Willie	Blanc		Tra	VIS
edico	(Y		(IF YES GIVE WAR	OR DATES)	OCIAL SECURITY NO					D// l-	TATE O
Ë		IS CAUSE OF DEATH PART I. DEATH WAS	1927-2					ttinger W	nite		MATE INTERVAL
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entol Mygiene princi to buriol, cremotion, or relief 18 shows ony injury, or other troumofic	CERTIFICATION	Conditions, if only your rise to imme couse to imme couse to indicate your couse	which didote the last COND FICANT COND REVING 2 2 USE OF DEATH	DUE TO, OR AS A (b) DUE TO, OR AS A ((c) ITIONS CONTRIBLE 96 CONDITION FOR	CONSEQUENCE O CONSEQUENCE O UTING TO DEATH F OR WHICH OPERA RY ONTH DAY YE.	F BUT NOT RELATE TION WAS PERF AR 9	ORMED		20b. IF YE IN CERT	ES, WERE FINDIN IFYING CAUSES 'ES []	NGS USED
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FOR

REGISTRAR

DECEASED NAME

- STATE

OR CONDITION GIVEN IN PART TIO 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES | IRE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN STATE on the date and hour and from the causes stated 226 SIGNATUR DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Larry Wilson 9000 Franklin Square Drive 21237 231. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial Nov.13, 81 Holly Hill Mem.Gar. Balto. Co., MD 24 FUNERAL DIRECTOR William E. Johnson 8521 Loch Raven Blvd.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO. 20 DATE OF DEATH MONTH

2b HOUR

5:48 P

DHMH 16 50M 1/81 (VRA 15, 4)

BP.

 FOR STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

male

70. BIRTHPLACE

FOREIGN COUNTRY)

Virginia

10. CITY OR TOWN OF DEATH

SUAL RESIDENCE (IF IN NURSING HOME OF

160. WAS DECEASED EVER IN U.S. ARME (YES, NO, OR UNKNOWN)

Woodlawn

Mary land 14. FATHER'S NAME Robert

No

white

4. RACE

N	STATE OF DEPARTMENT OF HEAL' MEDICAL EXAMINER'S		6.4	2 2 4
FIRST	WIDDLE	LAST	20. DATE KNOWN MONTH	DAY YEAR 25 HOUR
David	Blair	Owens	S OF ESTI-	13 19 81 M
	AND THE STATE OF T	UNDER 1 YR. IF UNDER 2	AHRS. IC DATE MONTH PRONOUNCED DEAD 11	13 19 81 2:56
3000	-0.4	RRIED NEVER MARRIE		PIVI
	HOSPITAL, NURSING HOME, OR O THE FACILITY, GIVE STREET ADDRESS) GWYNN OAK AVENL			126 KIND OF BUSINESS OR INDUSTRY Diamond Cab
rsing home or other institution 13b. COUNTY Baltimore	N GIVE RESIDENCE BEFORE ADMISSION) 131. CITY OR TOWN Woodlawn	13d. INSIDE CITY LIMITS? YES NO 20	13e STREET ADDRESS 2027 Gwynn Oak Ave	21207
Burks	Owens	15. MOTHER'S MAIDEN FIRST Ethel	May 1	Rorrer
IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 223-36-7946	Mrs. Robert		_ ,
AL .	line for (a), (b), and (c).) **rteriosclerotic OR AS A CONSEQUENCE OF	cardiovascu]	lar disease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
immediate (b)	OD AS A SQUISSOUR AS AS			

	PART I DEATH WAS CAUSED BY:		ic cardiovascular disease	BETWEEN ONSET AND D
	Canditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF		
-	gave rise to immediate	(b)		
	cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A CONSEQUENCE OF		
		(c)		
ATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITION GIVEN IN PART I IO	
A	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED?	20 AUTOPSY?
CERTIFIC				
E	21a EXTERNAL CAUSE WAS	49 7005 05		YES NO
	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 F	ART 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	211. LOCATION STREET CITY OR TOWN (Partial)	COUNTY 51
	220 I certify that I taak charge of the death resulted fram: Natural cay		Autapsy XX Inspection . Inquiry . and	d in my apinian
	ACTUAL SIGNATURE	han	M.D. Assistant MEDICAL EXAMINER	DATE 11/14/81
	EXAMINER'S NAME HOTMEZ	z R. Guard, M.D.	ADDRESS 111 Penn Street, Bal	to.,MD 21201
23a.B	URIAL, CREMATION, REMOVAL 236, DA	TE 23c NAME OF CEM	TERY OR CREMATORY 1236 LOCATION	

DHMH - 17 (VR A15 ME (5)) 15M 2/80

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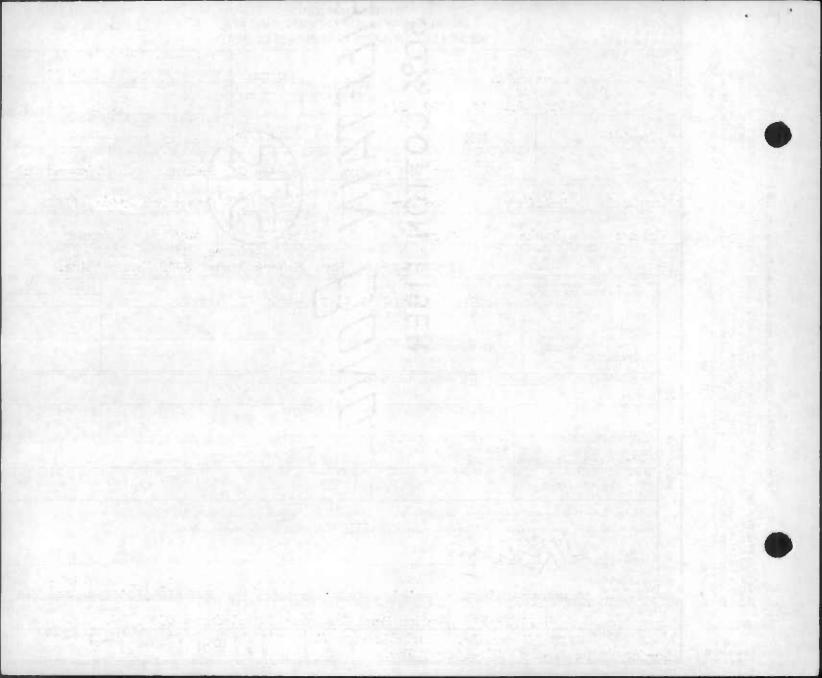
Cremation 11/16/81 Loudon Park Crematory

Baltimore

NO [

STATE

City, NOV 1 7 1981 Common Street 1981 Common Street 1981 24. FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. Randallstown, Md 21133



injury, at other troumatic event, the medical

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 8 2 2

		REGISTRAR			CEIVIII	ICAIL OI DEATH	REG. NO.		
		CEASED NAME FIN	RST	MIDDIE	L.	AST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
		John	Melvin	Parks	Sr		11-4-81		5;20AM
	3. SEX	Male	4. RACE Wh	ite	5. DATE O	9-20-20 YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 61	MONTH! DAT	IF UNDER 24 HR
-	C	OUNTRY	Th CITIZEN OF	WHAT COUNTRY?	8 - MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH	
2		Maryland		.A.	WIDOWE	DINORCED [Baltimore Co	unty	MD.
5		TY OR TOWN OF DEATH Randallstown	,Md. Balti	HOSPITAL, NURSIN	G HOME O L'Cy ^{SS} G€	eneral Hospita	170 USUAL OCCUPATION 1 TYPE OF WORK FOR MOST OF WORKIN Electrician	G LIFE) INDUSTRY	trical
	130. 5		OME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS Rei	sterstov	vn Md.
1			Balto.	Reisters	town	YES NO 🛣	220 Cockeys	Mill Rd.	#21136
3		THER'S NAME Charles	MIDDLE S.	Parks		15. MOTHER'S MAIDEN NAMERS Catherin	MIDDLE	Allen (AS	51
		AS DECEASED EVER IN U	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	16b SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS 22	O Cocke	ys Mill
			VW II	215-12-3	3578	John M. Pa	rks, Jr, Reist	erstown	Md. Ro
		PART I DEATH WAS O	ALISED RV.	line for al, the and	2. 2	fficiency (clim	ual\	BETWEEN C	MATE INTERVAL ONSET AND DEATH
		4360	DUE TO, Q	RAS A CONSEQUE	NCE OF	RIO Partial 1	Autop 57 only		
		Canditians, if any, wh		Diffuse P	vilue	nany Follows	4- Confletion	- HRS	>
		cause a), stating	he DUE TO, Q	RAS A CONSEQUE	A C	annot be 140.	Partial Autops	7	
	NO	PART 2 OTHER SIGNIFIC	Yolandial	infarci	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1	a a
	CERTIFICATION	19a DATE OF OPERATION	19b COND	TION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY? NO 200. IF LIMITED. WAD IN CE YES X NO	YES, WERE FINDIN RTIFYING CAUSES YES	OF DEATH?
		2 to ACCIDENT WAS UNDERLYST OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM	IS PART : OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET FACTORY, OFFICE, FA	RM, ETC }	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		22a I certify that (1) (this				, 19	to		that (I) (we) last
		saw the deceased al abave, (I) (we) (did) (ive an did nat) view the bady	after death.	, an	d that in (my) (our) apınıan c	death occurred an the date and	hour and from the	causes stated
		8 SIGNATURE	1. Kehnt	ral, M	12 A	DEGREE ASIST	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED /
		BRIDGET C.	(TYPE OR PRINT) KAHNT	ROFF, M.	D .	BALTIMORE	- county GA	PAL	HOSPITAL
	23a Bl	URIAL, CREMATION, REM	OVAL 23b. DATE	23c N	AME OF CE	METERY OR CREMATORY	23d LOCATION	<u> </u>	
	()	Burial	11/7/	1981 Mo	rela	nd Memorial	Baltimore	COUNTY	d.
		NERAL DIRECTOR		ADDRESS			E REC'D. BY REGISTRAR 256 REC	SISTRAR'S SIGNAT	UREN
	Lei	mmon-Mitc	hellWied	lefeld 10	W. P	adonia Rd NO	JV 6 1981 200	ness Jan	/ larther

DHMH - 16 50M 1/81 (VRA 15, 4)

etained by the haspital ar TO FUNERAL DIRECTOR:

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should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to be

marked ar Item 18 shows any

IMPORTANT: If Item 21 is

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LM - Seroulius dicometensessi		

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral dires should be detached for use as the buriol-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled within 72 hour with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

IMPORTANT: If Hem 21 is morked or Hem 18 shaws ony injury, ar other troumotic event, the medico

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. retained by the haspital or attending physician.

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

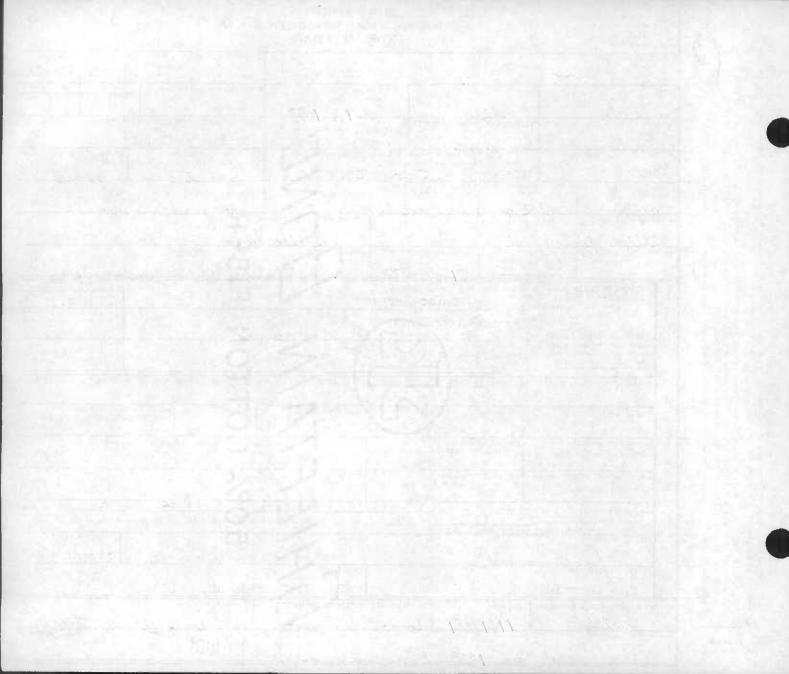
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1 -	STATE REGISTRAR		CERTIFIC	ATE OF DEATH	REG. N	10.				
	CEASED NAME FIRST	WIDDLE	LAS		2a. DATE OF DEATH	MONTH	DAY	YEAR	Zh HOU	JR
(TYPE	Grace	M.	Pa	rr		11	16	81	11:	17A _M
3. SE	x	4 RACE	5. DATE OF	BIRTH YEAR	6. AGE (IN YEARS LAST B	RTHDAY)	MONTHS	ER I YEAR	IF UNDER	24 HRS
	lemale	white	Oct t	15 1802	22	YR				11111111
7a B1	INTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	11/1/1/1/	9 BALTIMORE CITY			EATH		
	COUNTRY)	11 5 1	MARRIED		Baltimore	Cor	intv			MD
10. C	Maryland ITY ORGOWN OF DEATH	11. NAME OF HOSPITAL, N			12a USUAL OCCUPAT			KINDO	F BUSINE	
	owson	(IF NOT IN SUCH FACILITY, GIVE			(TYPE OF WORK FOR MOST		G LIFE) IN	DUSTRY		
		GBMC 6701 N.		St. 21204	housewi	le_		oun	home	
13a. S	AL RESIDENCE (IF NURSING HOME C STATE 13b. COL	INTY 136. CITY OR	TOWN 1	36 INSIDE CITY LIMITS?	13e. STREET ADDRESS					
M	aruland Ba	Itimore Luth	enville	YES NO D	604 Gay	hon	Avan	110.		
	ATHER'S NAME	MIDDLE LAS		5. MOTHER'S MAIDEN NA	ME MIDDLE	J. 40 0		LAS		
(1)	1: 11 icm Ridalau	Sedicum		Pricilla	Maran			LAS		
	WAS DECEASED EVER NU.SOA	RMED FORCES? 166 SOCIAL	SECURITY NO. 1	7 INFORMANT	ADDE	RESS	-			
(IVE WAR OR DATES)	00 0000	M D , 1 D		01. (,	1		
	<u>no</u> ==-	1 2/5-(Mrs. Ruth Be	rwanger bl	14 4	ruc he	APPROX	MATE INTE	RVAL
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (o), (1)							ONSET AND	DEATH
	IMMEDIATE CAUSE (o) Cardiac Arrest								in.	
	DUE TO, OR AS A CONSEQUENCE OF									
	Conditions, if ony, which ((b) Acute Myocardial Infarction									
	gove rise to immediate cause (a), stating the									
	underlying couse last.									
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN							PART 1	0	
Z										
CERTIFICATION	19a, DATE OF OPERATION	19b CONDITION FOR W	HICH OPERATION	N WAS PERFORMED 20g AUTOPSY? 2			. IF YES, WERE FINDINGS USED			D
FIC	The office of the control of the con				IN CERTIFY			YING CAUSES OF DEATH?		
R	71a ACCIDENT WAS UNDERLYING	1 216. TIME OF INJURY		21c. HOW INJURY OCCURE	YES _		NO [
	OR CONTRIBUTING CAUSE OF D			ZIL HOW INJURY OCCUR	(ED (ENTER NATURE OF IN)	URY IN ITEM	18 PART I O	RPARIZ)		
EDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN		19				5-F-1			
EDI	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O		II LOCATION	CITY OR T	OWN	CC	YTHUC	4	STATE
>	MHILE NOT WHILE AT WORK	(A. HOME, OTHER, I METOKI, O	TICE, FARM, ETC.							
	22a.1 certify that (1) (this has	pital) attended the deceased f	ram11/	15 19 81	, to11	/16_	19	81	that (I) (we) lost
	sow the deceosed olive of	n 11/16	19 <u>81</u> , ond	that in (my) (our) opinion o	death occurred on the	dote and				
	226 SIGNATURE	not) view the body ofter death.	DE	GREE			2	2c. DATE	SIGNED	
	1 (1000		ATTENDING	MEDICAL ST			11/1	- 101	
	77d PHYSICIAN'S NAME (TYPE	hurally		PHYSICIAN L	DIRECTOR PHYS	ICIAN LX		11/1	6/81	
	Leo Cherric	k, M.D.		6701 N. Cha		21 204	1			
	BURIAL, CREMATION, REMOVA	L 23b. DATE	23¢ NAME OF CE	METERY OR CREMATORY	23d LOCATION CITY OR TOWN		cour	NIY		STATE
	Burial	11/19/81	Loudon 9	Park cometeni	01	20	i to A			
24 F	UNERAL DIRECTOR	1 11/1//01	- OULUOIL I		E REC'D. BY REGISTRA	RASINREC	SISTRAR'S			140
1	NAME	ADD	RESS / /	· DI NO	N 17 1981	Cran	260	manand		

Ambrose Funeral Home 1328 Sulphur Spring Rd

DHMH-16 30M 2/80 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in the should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be tilt with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal.

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injury, or other troumotic

IMPORTANT: If them 21 is morked or them 18 sha

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

STATE OF MARYLAND	4.3	1	
PARTMENT OF HEALTH AND MENTAL HYGIENE	Ü	1	
CERTIFICATE OF DEATH		REG. NO.	

1	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYG		2	3 2.	60	1
	CEASED NAME	FIRST		AIDDLE	I.	AST	REG. N	O. MONTH DAY	YEAR	2b HOUR	
TYF	A7	HOL		Vivian	PE	FCK.	1	1 17	81	8 A.	- M
J SE	X	4. F	RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24	THE
	Female		Car	ucasian	Ju	Lu 30, 1895	86	YRS	VIH DAYS	HOURS	MIN.
70. B	IRTHPLACE (STATE OR FI			WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	_			
N	est Virgin			S. A.	WIDOWE		Baltimor				MD.
	CITY OR TOWN OF DEA Randallstown			H FACILITY, GIVE STREET	ADDRESS)	protherinstitution eral Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Home maker	OF WORKING LIFE)	126 KIND O INDUSTRY Hom	e Business	OR
13a.		NG HOME OR OTH 136 COUNTY Balti		GIVE RESIDENCE BEFORE 136 CITY OR TOWN Sudbroo	V	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 500 Milfo	ord Mil	l Road		
14 F	ATHER'S NAME	MIDI	N.E	LAST		15. MOTHER'S MAIDEN NA					
	Leidy	MIDE	, ic	Meadows		unknown	MIDDLE	7	Tuson		
	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR		Vilfor	A MiT	7. R
	(YES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	193-18-1	479	Mr. Karl C.	Peck Baltin				
	18 CAUSE OF DEATH PART I. DEATH W.	Enter only on AS CAUSED B	Y:	line for to , (b), one	- 6-4	1 Heart Blo	refe.		BETWEEN	MATE INTERVA	ATH
	Conditions, if ony,	which (DUE TO, OF	AS A CONSEQUE	NCE OF	exposed of	Intereste	in	24	lus	
	gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost. Unner 1.5. T. Bleg al 3 dozen						lacys	,			
Z	PART 2 OTHER SIGN	IFICANT CON	IDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	0	
CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES			,
	210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	21b TIME O HOUR A./	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)		0.00
MEDICAL	21d INJURY OCCURR	ED	21e. PLACE (W	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STAT	E
	220.1 certify that (1) sow the decease above, (1) (we) (d	(this hospital)	11.	- 17 19	//- 61 or	12 19 9/	to	17. 19. ote and hour ar		that (I) (we)	
	17E SIGNATURE	John Land	Les	le III		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	22c DATE		/
	22d. PHYSICIAM'S NA	ME (TYPE OR PRI	NT)	and and a second	_	22e ADDRESS	1 11 1	711	10		

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DHMH - 16 50M 1/81 (VRA 15, 4)

23b. DATE 23a BURIAL, CREMATION, REMOVAL (SPECIFY)

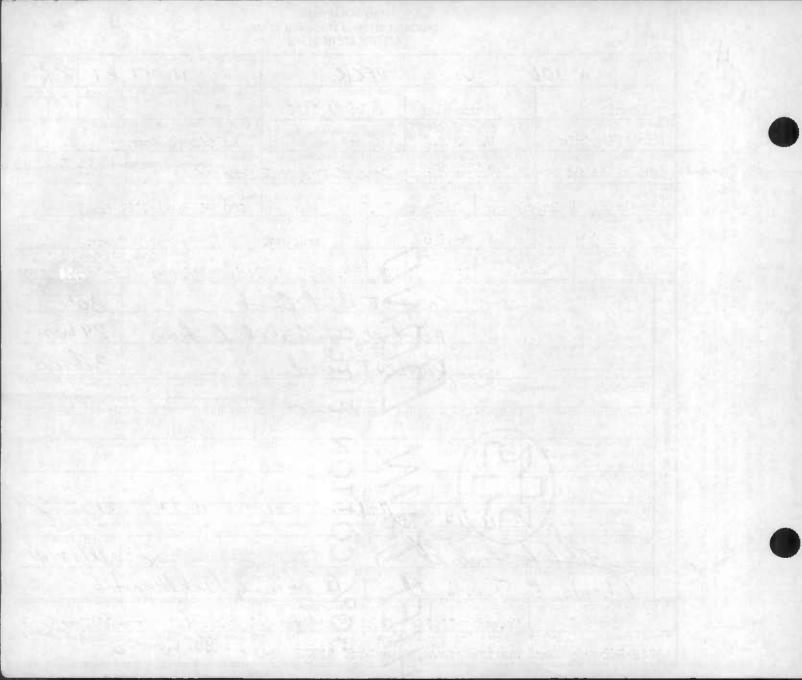
& Tunnsell

23c. NAME OF CEMETERY OR CREMATORY

Balto Carry Shal Hospitel

FUNERAL DIRECTOR Loring Buers Funeral Directors PADRESS ADDRESS Liberty Road Randallstown. Maryland 21133

13d LOCATION
CITY OR TOWN
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injury, or other traumotic event, the

TO FUNERAL DIRECTOR. After this certificate has been signed by the attenshould be detached far use as the burial-transit permit. Then please remove awith the State Dept. of Health and Mental Hygiene prior to burial, cremation.

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

IMPORTANT: If Item 21 is marked ar Item 18 shows any

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

1	2	8	200	3
REG. NO.				

	REGISTRAR		CENTIL	ICATE OF DEATH	REG. N	0.				
	1. DECEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR		
	Alice	M.	Pe	dersen	November	22,	1981	2:25 Am		
	3 SEX	4. RACE	5. DATE (6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNLER 24 HRS		
	Female	White	Sept	29, 1897 AR	84	YRS		HCUR) MIN		
1	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	D. O NEVER MARRIED	9 BALTIMORE CITY C	R COUN	TY OF DEATH			
	Minnesota	U.S.A. WIDOWER DIVORCED Baltimore Count						y, MD.		
	10. CITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE 		NG HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION				12b. KIND OF BUSINESS OR		
	Towson	Dulaney Towso		sing Home		Education				
	USUAL RESIDENCE (IF NURSING HOME OR C 130. STATE 13b. COUN'	OTHER INSTITUTION GIVE RESIDENCE BEFOR								
7		imore Towso		YES NO X	960 Beaverbank Circle					
1	14 FATHER'S NAME	AIDDLE LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE		LAS			
1	James	P. Peter	son	Sophie	A TOUCE		Sund			
	160 WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE	ESS				
	No	413-56-9	139 A	Rev. Dr. Davi	d B. Peders	sen	Same as	#13.		
	18 CAUSE OF DEATH Enter only	y one couse per line for (a), (b), a	nd (c	1/ 1 1			APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH		
1	PART I. DEATH WAS CAUSED IMMEDIATE	E CAUSE (0) CORERS	JASIG	Vascular A	Carect -	100	MI	7		
	4,3/6	DUE TO, OR AS, A CONSEQU	ENCE OF							
	Conditions, if only, which	(b) Gewess	180131	d Asterio:	selerosis		ig.	rc		
	gave rise to immediate cause to, stating the	DUE TO, OR AS A CONSEQU	JENCE OF		14-1	100				
	underlying cause lost.	underlying cause lost.								
1		ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION G	IVEN IN PART 1	0,		
	101		11. fu							
1	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?			
,	12				YES NO	YES NO				
		216 TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUI	RY IN ITEM 1	B PART OR PART 2)			
	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19					3 5 1 1 1 1		
1	TO CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE,	FARM, ETC]	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE		
1	AT WORK AT WORK									
1	220 I certify that (I) (this hospital	10-1 10	CIPE	, 17	_, to_NOV	22	19.61	that (I) (wellast		
	sow the deceosed olive on_ obove, (1) (we) (did) (did not)	view the body ofter death.		nd that in (my) (aux) opinion d	eoth accurred on the do	ote and he				
	22b. SIGNATORI	2/ 1.n	DEGREE ATTENDING	MEDICAL STAF	r F	22c. DATE	SIGNED			
	Meure	5/ 111		PHYSICIAN A			11-2	3-81		
1	22d PHYSICIAN'S NAME (TYPE OR	PRINT		22e ADDRESS						
-	Sidney J. Venal			7215 York Ro		ore,	Maryland	21212		
	230. BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE		
	Cremation			Park Cremator	~	-	Marylar	nd		
	Ruck Towson Funera			ork Road 250 PALE	V 2 4 TEGISTRAR	256 SEGIS	STRARSSIGNAT	arthen		
1	O manual	Martin Annual								

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21:00	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours retained by the hospital or attending physician.
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in should be detached for use as the burial-transit permit. Then please remove carbanappers. Pages 1 and 2 should be in with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

III. Tage 4 may be

1 05	F.C.F. OF D. L. L. L. F.					REG. NO.		
	ECEASED NAME FIRST		DOLE		AST .	20 DATE OF DEATH MON	ITH DAY YEAR .	26 HOUR
			FITH	-	IMAN, III	November		1 1/2
3 SE		4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER I YEAR	HOURS I
	Male	White			1 4, 1908	74	YRS.	
da B	BIRTHPLACE (STATE ON FOREIGN	76 CITIZEN OF WI	HAT COUNTRY?	MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH	
	Maryland	USA		WIDOWE		Baltimore		
10. C	CITY OR TOWN OF DEATH	(IF NOT IN SUCH F	OSPITAL, NURSIN FACILITY, GIVE STREET	NG HOME O	R OTHER INSTITUTION	120 USUAL OCCUPATION	PKING LIFE) INDUSTRY	F BUSINES
	Towson				Medical Cer	ter Attor	ney L	.aw
130	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COL	INTY 1	3c. CITY OR TOW	VN I	13d INSIDE CITY LIMITS?	13e STREET ADDRESS		A
	Maryland Bal	timore (Owings	MILLS	YES NO X	12427 Park	Heights	Avenu
14.17	FIRST	MIDDLE	LAST		FIRST	WIDDLE	Duscl	
14- 1	George WAS DECEASED EVER IN U.S. A	Dobbin	Penni		Harriet 17 INFORMANT	W.	Dusci	nane
	(YES NO OR UNKNOWN) (IF YES, C	IVE WAR OR DATES	215 09				Dalta	100
	NO 18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS			0454	1. Courti	ey Jenkins,	Balto.,	MATE INTERVI
	Conditions, if ony, which	DUE TO, OR A	Color	will	Gent	Disease	4,	Seler
TIFICATION	Conditions, if ony, which gove rise to immediate cause to stating the underlying cause last PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION	DUE TO, OR A	AS A CONSEOU	DEATH BUT I	NOT RELATED TO THE TERM	20a AUTOPSY? 201	DN GIVEN IN PART 110 B. IF YES, WERE FINDIN CERTIFYING CAUSES YES	NGS USED
CERTIFI	gove rise to immediate cause to stating the underlying cause last PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	DUE TO, OR A (c) CONDITIONS CON 196. CONDITION 216. TIME OF I	AS A CONSEOU NTRIBUTING TO ON FOR WHICH	DEATH BUT I		20a AUTOPSY? 20I	IF YES, WERE FINDIN CERTIFYING CAUSES	GS USED OF DEATH
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CERTIFI	gove rise to immediate cause of stating the underlying cause last part of the underlying cause last part 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETERMINED TO CAUSE OF DETERMINED AT WORK 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINED AT WORK 22a. I certify that (I) (this hour sow the deceased alive a above. (I) (4) (did) (d	DUE TO, OR A (c) CONDITIONS CON 19b. CONDITION ATTEMPT OF INTEREST PLACE OF INTEREST PLACE OF INTEREST PLACE OF INTEREST P.M.	AS A CONSEOU NTRIBUTING TO ON FOR WHICH INJURY MONTH D FINJURY 1 FACTORY OFFICE I	DEATH BUT I	21c HOW INJURY OCCUR 21t LOCATION 51REE1	200 AUTOPSY? 201 IN YES NOTHER NATURE OF WARY IN	D. IF YES, WERE FINDING CAUSES YES [] ITEM 18. PART 1 OR PART 2) COUNTY	NGS USED OF DEATH NO
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MEDICAL CERTIFI	gove rise to immediate cause to stating the underlying cause last PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELETING OR CONTRIBUTING CAUSE OF DELTIFIER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTRIBUT	DUE TO, OR A (c) CONDITIONS CON 19b. CONDITION 19b. CONDIT	AS A CONSEOU ATRIBUTING TO ON FOR WHICH INJURY MONTH D FINJURY 1 FACTORY OFFICE I deceosed from 19 ter death.	DEATH BUT II AY YEAR 19 FARM, ETC.) NAME OF CE	216 HOW INJURY OCCUR 216 LOCATION STREET 19 d that in (my) (a) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	YES NO NORTOWN CITY OPTOWN death accurred on the date of	IF YES, WERE FINDING CAUSES YES [] ITEM 18 PART 1 OR PART 2) COUNTY Ind hour and from the county of the county o	NGS USED OF DEATH NO

MOHNIOHOLES FITH PENNINN W III WASSESSE II, 1031 - 4 West A line Agent A line Agent Gradier Faltimore Medical Certen Attorney Faltaway Maryland Baltimore Ovinge Mills 18427 Park Heights Avenua Dobbin Sentiman Harrist W. Cuschens 215 09 0464 T. Courtney Jankins, Balto., Net. (Dr. William F. Fritz, M.O. 112 W. University Parloway, Balbs., vo. Eurisi 11/21/81 st. Thomas Genrison Forest, Ma. 4900 Years Pend - Entre. , Md. 21212

4	1 -	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 1 2	8 2 3 0
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
9 P. F.	(TYPE	Grace V.	incinia Pennington		November 30	M.500: 7: 1891, C
y or	3. SE)		4 RACE	5. DATE OF BIRTH		IF UNDER YEAR IT UNDER 24 HRS
4 4		Female	White	MONTH DAY YEAR 1926	55 YRS.	NONTHS DAYS HOURS MIN.
Pog		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNTY	OF DEATH
Ponce Ponce		Maryland	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Cou	
er de fui withi		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126 KIND OF BUSINESS OR
S of		iddle River	1502 Dornton	Avenue 21220	Housewife	Homemaking
24 hour silled in the pould be f	13a. S	TATE 13b. COUN			13e. STREET ADDRESS 1502 Dornton	Avenue
thin thin 2 sho		THER'S NAME		15. MOTHER'S MAIDEN NA	ME	
mpletely ond 2 she			ward Ritter	Jessie	WIDDIE	McCallister
5 0-		AS DECEASED EVER IN U.S. AR			ADDRESS	
n and c Pages		res. NO OR UNKNOWN) (18 YES, GIV	217-22-	2102 Charles H.	Pennington 15	502 Dornton Av
physicion physicion popers mavol.		PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), onc DBY E CAUSE (o)	pulmonary Arre	-s+	BETWEEN ONSET AND DEATH IMMEDIATE
h certi		4299	DUE TO, OR AS A CONSEQUE			10
deat atter atton, raum		Conditions, if ony, which gove rise to immediate	1 (b) Arterio	sclerotic (ardiova	scular Vicase	10 years
that the d by the ease remail, cremo		cause (0), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF		
gne gne burd burd	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	EN IN PART 1(0)
requestre si	TO	1) Abdonina		ysm 2) Collagen	11 (11 - 11 - 11 - 11 - 11 - 11 - 11 -	rease
os be sermine pri	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPÉRATION WAS PÉRFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
AN. The le shysician. freate hos tronsit per Il Hygiene 118 shows	ERT	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCURE	YES NO YES	ART I OR PART 2)
CIAN. I physical ad-tron ad-tron at Hy		OR CONTRIBUTING CAUSE OF DEA		Y YEAR		
HYSI Inding an is ce burial	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
offer the sthe	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.) STREET	CITTORIOWIN	377.0
A Aft A Aft S mo		22a I certify that (I) (the bear	(al) ottended the deceased from	October 19 71	_, to November 30	19 X , that (I) (we) lost
Sprita Sprita Sprita of H af H		sow the deceased alive on above, (I) (wa) (did) (did no	November 13 19 8	and that in (my) (aux) opinion	death occurred on the date and hour	and from the causes stated
Ok ATT e hospin DIRECTO siched fa Dept. af f Hem 21		226. SIGNATURE	120	DEGREE	MEDICAL STAFF	22c. DATE SIGNED
TAL OR hy the hy the hole detache tate Dep		Sknux	1 OSabett.		MEDICAL STAFF DIRECTOR PHYSICIAN	November 30.1981
HOSPI ined b FUNE buld be th the S		22d. PHYSICIAN'S NAME (TYPE O	I. Babitti	4.D 2724	North Charles	St., Balto
Of of war	230 E	SURIAL, CREMATION, REMOVAL		JAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP		Burial	12/3/81 Pa	rkwood Cemetery		altimore Md.
DHMH-16 30M 2/80	1.0	UNERAL DIRECTOR	ADDRESS	25g DAT	E REC'D. BY REGISTRAR 250 EGISTI	aldr All serve
(VRA 15, 4)	L	assahn Funera		Belair Road	00 1001	0

ole against the Atlanta		coel i e	

STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

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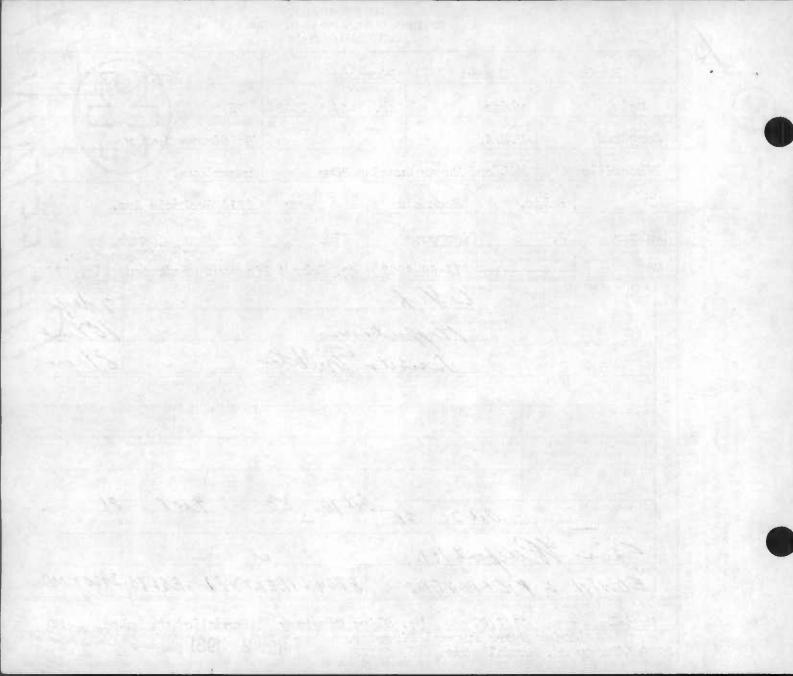
- 1								REG. NO.			
1		EASED NAME FIRST	M	AIDDLE		AST	20 DATE OF DE	EATH MONT	H DAY	YEAR	26 HOUR
Ì		Edwin	Emma	rt	Pier	rpont		Nov	. 1,	1981	м
1	3. SEX		4 RACE		5. DATE C		6 AGE (IN YEAR	S LAST BIRTHDAY)	-	INDER I YEAR	IF UNDER 24 HRS
1		male	white		Feb.	24, 1906	75		YRS	NEWS DATE	HOURS MIN.
4	da. BIR	THPLACE (STATE OR FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE	CITY OR CO	UNTY O	FDEATH	
2	M	aryland	U.S.A.		WIDOWE		Baltim	ore Co	unty		MD.
3	10 CI	Y OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OC				F BUSINESS OR
2	_	ikesville Milford Mano				ng Home	(TYPE OF WORK FOR MOST OF WORKING LIFE). INDUSTRY unemployed				
1	30 S M	TATE 136 COU	NTY	GIVE RESIDENCE BEFORE 136 CITY OR TOWN Rockdal	ADMISSION)	13d INSIDE CITY LIMITS? YES NO 22	13e STREET ADI		e Av	e.	
	14. FA	THER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM		AIDDLE		LAS.	
Ŋ	We	alter J.		Pierpont		Elva	0.		Emma		12 11
ì		AS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	-	^779°H			ົ່ງາລ
j	N		VE WAR OR DATES)	213-60-4	1927	Mr. Robert F	riomant.	Rrade	nton	FIN	33590
1		18 CAUSE OF DEATH Enter of	nly nne enuse ner l			1.11. 1.00010 1	cerpone	DICCO	10010		IMATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSE	ED BY	1.V.	1.					BEIWEEN	SNSET AND BEATH
١		IMMEDIA	TE CAUSE (0)	1	1					12	ough
		7.360	DUE TO, OR	AS A CONSEQUE	NCE OF					10	Y
		Canditions, if ony, which gove rise to immediate	b)	101	un	Mary >				10%	w.
		cause (b), stating the underlying couse lost	DUE TO, OR	AS A CONSEQUE	NCE OF	- million				PY	reas
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0									
ĺ	NO	TART 2 OTTER STORT TEATT	condinons <u>co</u>	,	LAIN BOT	NOT KELATED TO THE TERM.	INAL DISEASE O	K CONDITIO	IN GIVEN	INPARCING	
)	CAT	190 DATE OF OPERATION	19b CONDIT	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206 IF YES, WERE FINDINGS USE				
	CERTIFICATION							YES NOT YES NOT NOT			
Ü	CER	210. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCURR	ED (ENTER NATURE	E OF INJURY IN IT	EM IS PART	OR PART 2	
		OR CONTRIBUTING CAUSE OF DE	AIH	M. MONTH DA							
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	R) P.A.		19	211. LOCATION			-		
	ME	WHILE NOT WHILE		EET FACTORY OFFICE FA	ARM, ETC.)	STREET	C	ITY OR TOWN		COUNTY	STATE
		AT WORK	5 D 4 D D D	1 11		12 10 30		from 1		21	
		22a I certify that (I) (this hasp sow the deceased alive or	CA.	3 6 19 5	·/or	nd that in (my) in opinion o	death occurred o	n the date or	nd hour a		that (II (lost couses stated
		obove, (I) (wextaid) (did no 22b. SIGNATURE	or) view the body o	offer deoth.		DEGREE		-		22c DATE	SIGNED
		Edua W	Rupa	N/20		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN [
		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	7		22e ADDRESS	4 0 4		. ~~	9/01	- 110
		EOWIN 6	PIEL	DONTIFAL	7	82046/BE,	RTY PH	-B3	4.10	MIN	7 MW
	23a BI	IDIAL OPENATION DEMOVAL	22h DATE	122, N	LAME OF C	EMETERY OR CREAT ATORY	Tasa LOCATIO	140			

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DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. should be detached far unwith the State Dept of He MPORTANT: If He

Burial 11/3/81 Mt. Olive Cemetery Randallstown Bolton Report Floring Byers Flormal Directors 8728 Liberty Rd. Randallstown, Md. 21133



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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250. DATE REC'D. BY REGISTRAR 256 BESISTRAR'S SIGNATURE

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. No	0			
Ī	I. DECEASED NAME FIRST HOW	ARD	riddie		PITTS	20 DATE OF DEATH	MONTH DA	9,81	26 HOUR	м
3	3. SEX	4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HR	
	Male	White	3	02	12 13	68	YRS.	DATS	HOURS MIN	
-	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D X NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	F DEATH		_
	Williamstown, W. Va	U	S. A.	WIDOWE		Baltimor	e Coun	tu	٨	AD.
	10 CITY OR TOWN OF DEATH	11. NAME OF	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON	126 KIND O	F BUSINESS C	R
	Randallstown	Baltimo:	re County	Gene	eral Hospital	Ret. Motor	Freig	ht Exp	ress	
	USUAL RESIDENCE (IF NURSING HOME OR 130. STATE 136 COUN Mary land Balt		GIVE RESIDENCE BEFORE 131. CITY OR TOWN Randalls	town	13d. INSIDE CITY LIMITS? YES (C) NO [13e STREET ADDRESS 9124 Libe				
I	14 FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE MIDDLE		244		
	Lewis		Pitt	S	Delia	***************************************		Carte	r	
	160 WAS DECEASED EVER IN U.S. AR/ 1485 NO OR UNKNOWN) (18 YES, GIV. YES	MED FORCES? WAR OF DATES)	166 SOCIAL SECUR		Mrs. Viola Pi	Randal tts,9124 Li	lstown berty	. Mary Road,	land 21133	
	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OI DUE TO, OI DUE TO, OI (c)	R AS A CONSEQUE	NCE OF	espiratoy ar	veet		io io	MATE INTERVAL DINSET AND DEATH	
	PART 2 OTHER SIGNIFICANT CO				NOT RELATED TO THE TERMII	200 AUTOPSY? YES NO	20b. IF YES,	WERE FINDIN	IGS USED	
-		21b. TIME O HOUR A.	FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T) OR PART 2)		
1	OR CONTRIBUTING CAUSE OF DEA			19	100 100 17001					
	ZId INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (DE INJURY EET, FACTORY, OFFICE FA	RM, ETC }	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
	22a. I certify that (I) (this hospit saw the deceased alive an above, (I) (web/did) (did no	1001	9,819	, 01	nd that in (my) (out) opinion di	eoth occurred on the de	, 19 ate and hour o	and from the	that (I) (WE) la couses stated	st
	22b. SIGNATURE	UD	atal	W	ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC		11 · 2	9.81	id.
	Daniel Baka		M.	D.	Reisterstown	Rd., & Sla	ade Ave	e., Pil		
	23a BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b DATE 12/02/			emetery or crematory mily Cemetery	Holbrook, 1	Baltimo	ore Co.	,Md. 21	1:

^{74 FUNERAL DIRECTOR} ing Byers Funeral Directors Inc. 8728 Liberty Road, Randallstown, Md. 21133

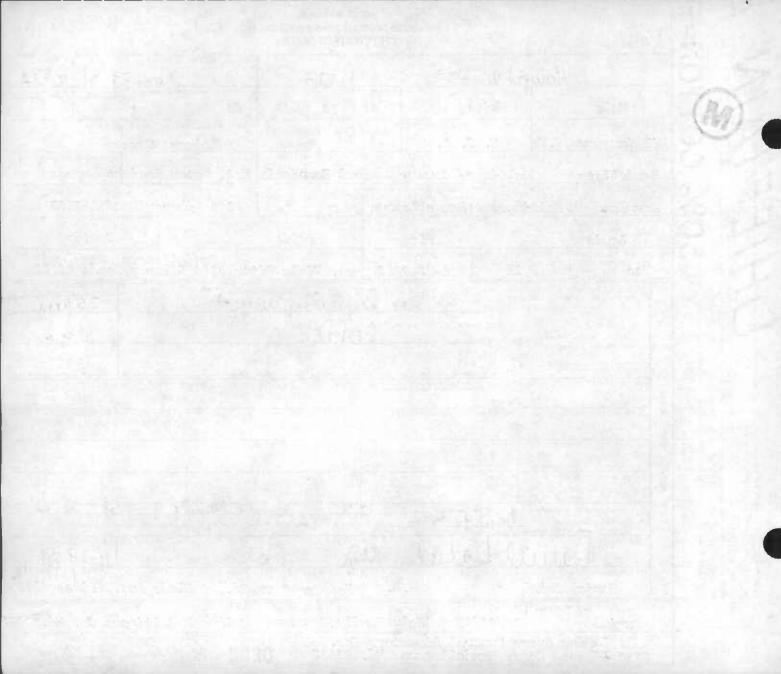
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should be detached for use as the burial transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bu IMPORTANT: If Item 21 is morked at Item 18 shaws any

this certificate has bee

TO FUNERAL DIRECTOR, After



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND 21201	e deoth	move contron,	troume
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DIVISIO	Offeno	fter thus	orkedo
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	OR AT	DIREC oched f Dept.	Hem
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours oftration in the retained by the hospital or attending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and completely filled in by the furnity should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled withhim to with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.	IMPORTANT: If Nem 21 is marked or Nem 18 shows any injury, or other troumatic event, the medical examiner must be matrix of
	TO HO	should with th	IMPOR

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	2 8	. 3 3
	ECEASED NAME FIRST	WIDDLE		18A	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR A
(1Ab	PE OR PRINT) Anna	Loretta	Ploug	gh	Nov. 25	. 1981	635 M
3. SE	X	4. RACE	5. DATE O		& AGE (IN YEARS LAST BIRT		
	Female	White	Jar		76	YRS MONTHS DAY	S HOURS MIN.
7a. B	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8.	_	9 BALTIMORE CITY O	R COUNTY OF DEATH	
B	alto., Md.	U.S. A	WIDOWE	DINEVER MARRIED DIVORCED	Baltimo	re County	MD.
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	ING HOME O	- Wash	120 USUAL OCCUPATE	ON 126 KIND	OF BUSINESS OR
	Catonsville		ood B	Road	Housewi Housewi	^	
130.	Md. Bal	ROTHER INSTITUTION GIVE RESIDENCE BEFO NTY 136. CITY OR TON timore Catons	WN			rwood Roa	e
14. F	ATHER'S NAME	MIDOLE LAST		15. MOTHER'S MAIDEN NA	WE		LAST
	William J.	Kroege	r	Emma	S.	Wel	ch
	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRE	SS	
	No	216-24	-2123	Mrs. Regi	na Single	ton-202 R	olling-
	18 CAUSE OF DEATH (Enter o	nly ane cause per line for (a), (b), o ED BY:	nd (c .	Field	RdCator	2.SU 1. 7. 7 OBETWEE	DXIMATE INTERVAL IN CINSET AND DEATH
		ED BY: TE CAUSE (0)		LAREINOMA OF	ESOPHIAGO	5 1	YEAR
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEOU					
NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART	1(0)
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
	22a. I certify that (I) (this hosp	oital) ottended the deceased from 19 oil view the body after death	81 , on	nd that in (my) (aur) opinion	deoth occurred on the do	te and hour and from t	that (I) (we) lost he couses stated
P	226. SIGNATURE	and Gaple M) . A .	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F _ 11.	ZQ-81
	RENNARD	YAFFE, M.D.		220 ADDRESS 5501	FOREST	PARK AU) E
230.	BURIAL, CREMATION, REMOVA (SPECIFY) Burial			emetery or crematory athedral Ce	23d LOCATION CITY OR TOWN 271 eteru -	COUNTY	STATE
24 F	FUNERAL DIRECTOR Starte				OV 3 0 1981		THE RESERVE AND PERSONS ASSESSED.

DHMH-16 30M 2/80 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR William Handing 6/8 Pobloskie 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH MONTH DAY YEAR 20 1921 White 60 70. BIRTHPLACE ISTATE OR FORFIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Pennsylvania U.S.A. TOWSON WIDOWED DIVORCED O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE 6701 N CHARLES ST P&BR R.R. Brakeman USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Dundalk Maryland Baltimore 10 Waterview Road NO TX 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE S. Pobloskie Runick Suzanna ADDRESS 10 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT Waterview Rd. (IF YES, GIVE WAR OR DATES) IYES. NO OR UNKNOWN 181-14-4978 Agnes D. Pobloskie Balto., MD.21222 WW II APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I, DEATH WAS CAUSED BY:
RESPIRATORY ARREST IMMEDIATE CAUSE (a) PNEUMONIA Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO. OR AS ACRYSTOGE AL CA (METASTATIC) underlying cause lost.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO I 21n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION

81 220.1 certify that (1) (this hospital) a troop the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death DEGREE 22b. SIGNATURE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS

Meadowridge

GBMC DR J KLIGMAN

LAT HOME, STREET, FACTORY OFFICE, FARM, ETC.)

23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE

11/10/81

23d LOCATION CITY OF TOWN Dorsey

Howard Maryland

24 FUNERAL DIRECTOR Duda-Ruck, Inc. 7922 Wise Avenue Dundalk, MD. 21222 25a DATE REC'D. BY REGISTRAR 256 REGISTRAR'S

CITY OR TOWN

SIGNATURE

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DHMH-16 30M 2/80 (VRA 15, 4)

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with the State Lept of Health and Mentol Hygiene prior to buriol, cremotion, or removal. IMPORTANT: If them 21 is marked or Item 18 shows ony injury, or other troumotic event, the medical exam

STATE OF MARYLAND	
PARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

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1 DE	CEASED NAME FIRST	MIDDLE	1	AST	REG. NO.	ONIH DAY	YE AR	2b HOUR	-
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3 SE	×	RACE	5 DATE C		6. AGE (IN YEARS LAST BIRTHE	DAY) IF :	UNDER I YEAR	HOURS MIN.	
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Jo. Bi	RTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COUNTRY?	MARRIE!	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTYO	DEATH		
N	ARYLAND	USA	WIDOWE	5.0	BALTIMOA	RE C	OUNT	y MI	D.
10. CI	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AL		OR OTHER INSTITUTION	120 USUAL OCCUPATION		126 KIND OF	BUSINESS OF	
11	KESVILLE 1	IKESUILLE N	URSI	NE HOME	MACHINIS	T	BALMIO	AR CER	P
	AL RESIDENCE (IF NURSING HOME OR C STATE 13b COUNT ARVIAND BALT	TIMORE GLYDOS		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	GH- 1	AVE.		
14 FA	JAMES P. 7	OWERS LAST		15 MOTHER'S MAIDEN NAM	STROH		LAS1		
	VAS DECEASED EVER IN U.S. ARM		ITY NO.	17 INFORMANT	ADDRESS	5			-
((ES_NO OR UNKNOWN) (IF YES, GIVE	317-16-6	288	FAMILY	RECORP	5			
	18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED IMMEDIATE		Le				7.7	NSET AND DEATH	
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CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH C	PERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	VERE FINDING	GS USED OF DEATH?	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY I	IN ITEM 18 PART	OR PART 2)		
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FAI		211 LOCATION STREET	CITY OR FOWN	v	COUNTY	STATE	
	270 certify that (1) (this hospital saw the deceased alive of above (1) we) (did) (sign not)	ol) ottended the deceased from	1/- 8 1 or	d that in my (our) opinion d	eoth occurred on the date	ond hour or		nation (we) los ouses stoted	,
	22b. SICNATURE OCCUPE 9 22d. PHYSICIAN'S NAME (TYPE OR	68-22C	6	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA	N []	22c. DATES	IGNED -81	
	HAROLD B.	BOB M.D.		1220 PAK	K HEGHT	5 A1	E,		
	SPECIFY)	1336, DATE 1981 PO	PLAP	GROVE	23d LOCATION CITY OR TOWN	41E	BAL.C	STATE	0
24 FL	UNERAL DIRECTOR	E CILILAR ADDRESS	在門	250 DATE	REC'D. BY REGISTRAR 25	hane	R'S SIGNATU	Parthu.	
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SALTIMORE, MARYLAND 2	ate be executed
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2		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH	8	REG. N	10.	2	8	2	. 3	
	14/07	1417	DATEOF	DEATH	and and the	20 BAY		/E AD	21 1101	1D

	1 -	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	0 4 0 0
		CEASED NAME FIRST LORE	ETTA Q.	PRI	ECHARD	20. DATE OF DEATH	YEAR 2b. HOUR P.
	3. SE	Female	4. RACE Wh	ite S. DATE O		6 AGE (IN YEARS LA FIRST HAV	IF UNDER 1 YEAR IF UNDER 24 HRS
83		RTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76 CITIZEN OF WHAT COU	MARRIEI WIDOWE	NEVER MARRIED	Baltimore CITY OR COUNT	
O Selection of		TY OR TOWN OF DEATH LYNESVILLE	11. NAME OF HOSPITAL, I	NURSING HOME O		12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSewife	126 KIND OF BUSINESS OR
36	Ma Ma	al residence (# NUR DUN STATE DUN aryland Iar			134 INSIDE CITY LIMITS?	13e. STREET ADDRESS 1219 Baldwin	Mill Road
10	14. FA	ATHER'S NAME FIRST Garland		nberry	Rosa	ME	Lusby
2		NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	1 SECURITY NO.	17 INFORMANT	G. Chapman	same as above
other traumatic event, the	7	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA! 48 0 0 Conditions, if ony, which gove rise to immediate cause (o). storing the underlying cause lost.	DUE TO, OR AS A CON	troke.	with co	a side	APPRÖXWATE INTERVAL BETWEEN OMSET AND DEATH
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Luo sono	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	MY CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH
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rkedo	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	1 24/ 01	CITY OR JOWN	COUNTY STATE
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TANA	-	VWOVE	- NOV	YEN	22e ADDRESS 6 L	LINLOW of	Town hof 2/20
_		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	12/1/1981	Z3c NAME OF C	ne Park	Woodlawn. I	county state Md.
30	24. F	uneral director NAME Gladden Ku:	AC	obress ettsvil	25a DAT	TE REC'D. BY REGISTRAR 256, AUGI	STR. O IGNI

DHMH-16 30M 2/80 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires retained by the haspital or attending physician

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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M	3:56		4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER YEAR IF INDER.
with the Sharin Dept of Health, and Mental Health and Mental Healt	1	Male	White	Jul	y 2, 1916	65	YRS	NIH' DAYS HOURS
		(S ATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	DE NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	
10	10 CI	Parkville	11. NAME OF HOSPITAL, NU. 115 NOT INSUCH FACILITY, GIVE S 8832 Victory		Residence)	12a USUAL OCCUPATI	ION DE WORKING (IFE)	126 KIND OF BUSINES
35	130. 5	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUN Bryland Bal	other institution give residence inty timore 13t CITY OR Parky	TOWN	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 8832 V		Md. 2123
30	14 FA	THER'S NAME Casimer	MIDDLE Przybyl	lski	15 MOTHER'S MAIDEN NA/ FIRS Sophi		Jaro	szewska
/		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV YES WW	E WAR OR DATES)	SECURITY NO.	17. INFORMANT Wi Teresa F. Pr	fe: ADDRE zybylski 8	Da.	lt., Md. 21 ctory Ave.
à		gave rise to immediate cause 10, stating the underlying cause last.	DUE TO, OR AS A CONS	EOUENCE OF		18 - 19		
d	ICATION		(c)	O DEATH BUT		VINAL DISEASE OR CON	20b. IF YES, W	WERE FINDINGS USED
Tool of our or other	ERTIFICATION	cause 10, stating the underlying cause last. PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING	O DEATH BUT	on was performed	20a AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [WERE FINDINGS USED NG CAUSES OF DEATH
om 18 show your reports, or other	AL CERTIFICATION	cause 10, stating the underlying cause last. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	196 CONDITION FOR WE	GIO DEATH BUT HICH OPERATIO		20a AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [WERE FINDINGS USED NG CAUSES OF DEATH
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Himm 21 is marked or htm 18 show, any injury, or other	2 × G+C()	COUSE 10, stating the underlying cause last. PART 2 OTHER SIGNIFICANT OF CONTRIBUTION 218, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER NOT WHILE ALL WORK 220.1 certify that (1) (1) the base saw the deceased alive an same same same same saw the deceased alive an saw the deceased alive an same same same same same same same same	19b CONDITION FOR WHITE THE PLANT OF THE PLA	DAY YEAR 19 FFICE, FARM ETC.)	211. LOCATION STREET 211. LOCATION ON WAS PERFORMED	200 AUTOPSY? YES NO CITY OR TO CITY OR TO To death occurred on the do	20b. IF YES, WIN CERTIFYIN YES [RY IN ITEM 18 PART WN 19.	WERE FINDINGS USED NG CAUSES OF DEATH NO COUNTY STA That (1) (wand from the causes stat 22c, DATE SIGNED
PORTANT # hem 21 is marked or hem 18 show gary injury, or other	2 × G+C()	COUSE 10, stating the underlying cause last. PART 2 OTHER SIGNIFICANT OF THE SIGNIFICANT	196 CONDITION FOR WHAT HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF IT VIEW the body after deoth.	DAY YEAR 19 FICE, FARM ETC.) TOM MA	211. LOCATION STREET 211. LOCATION STREET ATTENDING PHYSICIAN 222e ADDRESS	ZOO AUTOPSY? YES NO CITY OR TO CITY OR TO The death occurred on the do MEDICAL STAI DIRECTOR PHYSIC	20b. IF YES, WIN CERTIFYIN YES [RY IN ITEM 18 PART WN 19.	WERE FINDINGS USED NG CAUSES OF DEATH NO COUNTY that (1) (wand from the causes state
MPOSTANT If herr 21 is marked or fem. 16 show, any injury, or other	MEDICAL.	COUSE 10, stating the underlying cause last. PART 2 OTHER SIGNIFICANT OF THE SIGNIFICANT	19b CONDITIONS CONTRIBUTING 19b CONDITION FOR WH 19	HICH OPERATION DAY YEAR 19 FFICE, FARM ETC.) TOMMAN TOMMAN TOMMAN TOMMAN TOMMAN TOMMAN TOMMAN TOMMAN T	21c HOW INJURY OCCURR 211. LOCATION STREET 211. LOCATION DEGREE ATTENDING PHYSICIAN DECIDED	ZOO AUTOPSY? YES NO CITY OR TO CITY OR TO The death occurred on the do MEDICAL STAI DIRECTOR PHYSIC	20b. IF YES, WIN CERTIFYIN YES [RY IN ITEM 18 PART WN 19, ate and haur of	WERE FINDINGS USED NG CAUSES OF DEATH NO COUNTY STA That (1) (wand from the causes stat 22c, DATE SIGNED

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may be TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the should be detached far use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or ather traumatic event, the medical TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death etained by the haspital ar attending physician

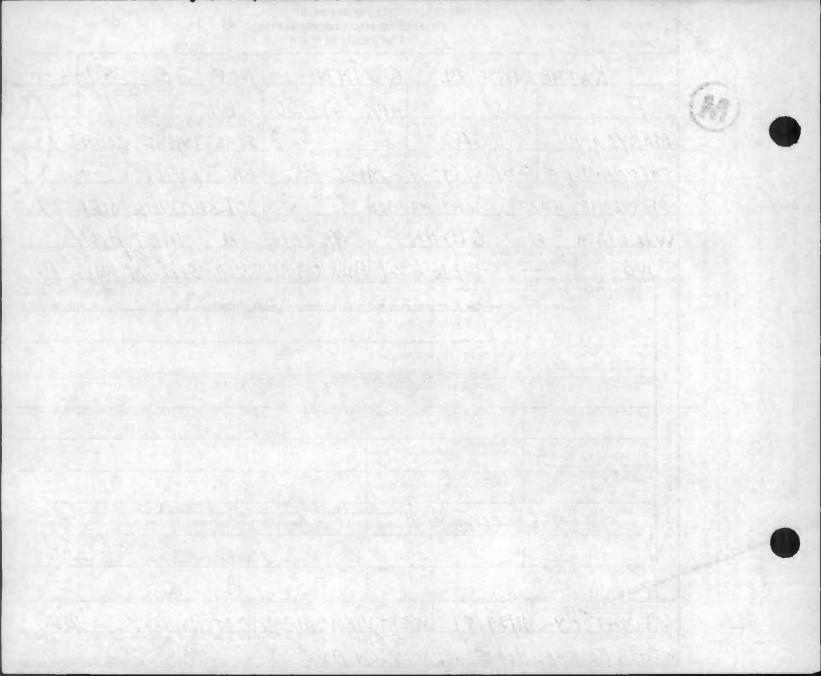
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH

HYGIENE 3

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REGISTRAR	CERTIFICATE OF D	REG. NO.	
I. DECEASED NAME FIRST	MIDDLE LAST	20. DATE OF DEATH	ONTH DAY YEAR 26 HOUR
KATHERINI	EM. QUINN	NOV. 2:	5 8/4°PM
1 SEX 4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHE	MONTHS DAYS HOURS MIN.
F	APR. 21	20 61	YRS.
WE BRETHFEACE JUNE OFFICE OF CHILEN	OF WHAT COUNTRY? 8.	9. BALTIMORE CITY OR	
MARY/AND U	MARRIED NEVER N	ORCED A RALTIMO	RE COUNTY MD.
18 CITY OF TOWN OF DEATH 11. NAME (OF HOSPITAL, NURSING HOME OR OTHER INST	TUTION 12a USUAL OCCUPATION	124 KIND OF BUSINESS OR
CATONGVILLE 2" DI	SUCH FACILITY, GIVE STREET ADDRESS)	1 SR CLE	ORKING LIFE) INDUSTRY
USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUT	TION GIVE RESIDENCE BEFORE ADMISSION)		
130 STATE 136 COUNTY	13c. CITY OR TOWN 13d. INSIDE CI	NO RY 130. STREET ADDRESS	ING MILI PT.
14 FATHER'S NAME		MAIDEN NAME	1116 1116 161
FIRST MIDDLE	BUINN NE	IRST I F A MIDDLE IN	IFFHAN
160 WAS DECEASED EVER IN U.S. ARMED FORCE	S? Tob SOCIAL SECURITY NO. 17. INFORMAL	NT ADDRESS	20/11/1
(YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATE	5) 212-16-6359 PATRIA	IA ANDRIJCH SII	TTING MILL PL.
	AND TO OWN THINK	THE THINK OF SEL	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18 CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY:	per line for (a), (b), and (c).	PARCINOMA	BETWEEN ONSET AND DEATH
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	S CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR CONDI	TION GIVEN IN PART 11a
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I I I	I STATE OF BUILDING	YES NOL	YES NO
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(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19	N. C.	
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27=1 certify that (I) (this haspital arrende	- 140	19 ST to WEVED	19_d , that (I) (we) last
(i) (i) (ii) (did) (did not) view the b	edy after death.	(our) apinion death accurred on the date	
SIN SIGNATORY	DEGREE	TTENDING MEDICAL STAFF	22c. DATE SIGNED
Law A	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	PHYSICIAN DIRECTOR PHYSICIA	ND 11/81
224. PHYSICIAN'S NAME (TYPE ORBRINT)	22e. ADDRES		
DIANA H. ORI	THE DE	TONES HOSPITA	L
230. BURIAL, CREMATION, REMOVAL 23b. DATE	23c. NAME OF CEMETERY OR C	REMATORY 23d LOCATION	CDUNTY #5.4 (-4141)
CREMATION 11/2	7/81 WESTVIEW	MEM, CATONSI	116E- 1818.
24 FUNERAL DIRECTOR	ADDRESS 5311	250. DATE REC'D. BY REGISTRAR 25	REGISTRAR'S LYGHALLINIA

DHMH-16 30M 2/80 (VRA 15, 4)



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8	1	tem 5 g561 11/2 FOR STATE REGISTRAR	23/81 gj DEPARTI	MENT OF H	EALTH AND MENTAL HYG	IENE 8 1	28239
e & 4		OD 9015.71	MIDDLE			20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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after p							MONTHS DAY HOURS MIN.
oge urec				0			
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1 57	Ro	ssville	Franklin Squa	re Ho		12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Housewife	126 KIND OF BUSINESS OR INDUSTRY
X 85	Decease Dame Pay P	Dr. Apt.3D					
ted , in concession of the con	14 F/	FIRST	B. Sterli		FIRST .	MIDDLE L.	Seaman
be execu	The proportion of the proporti	vas deceased ever in U.S. ar. yes no orunknown) { (if yes Givi NO	WAR OR DATES	78		hompson Ba	01 Yorkway 1to., MD.21222
equires that the deoth certification is signed by the attending plane please remove carbang to burial, cremotion, or remoliury, or other traumatic events	NOI	Conditions, if only, which gove rise to immediate couse a stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF	Icer dise		GIVEN IN PART I I O
The low range. It is the low range. It permit is grene prio	RTIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO		YES NOW IN CER	TIFYING CAUSES OF DEATH? YES NO
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attendir attendir tter this as the bu h and M.	MEDI	WHILE NO! WHILE		ARM ETC)		CITY OR TOWN	COUNTY STATE
ATTENDII spital ar CTOR: A I for use af Health		sow the deceased alive an		81on	, 19	to	, 19 , that X (we) last our and from the causes stated
by the ha		Sadou Q.	Foldman /	10	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE SIGNED
O HOSPIT. TO FUNER, should be dwith the Sto							e 21237
BP	The CERTIFICATE OF DEATH DECEASED NAME 1802 180 DATE OF DEATH 180 DATE OF DEA						
DHMH - 16 50M 1/81 (VRA 15, 4)	79 79	DNERAL DIRECTOR Duda- 22 Wise Aven		MD.	21222 NO	REC'D. BY REGISTRAR 255 REG	

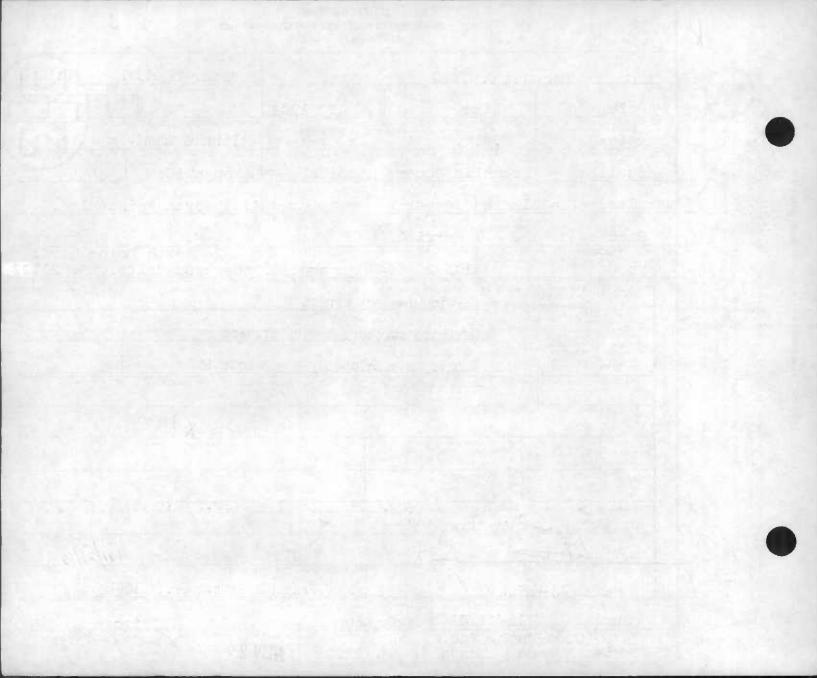
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6	1	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HY		2	8	4 0
		ECEASED NAME FIRST	MIDI	DLE	i	AST	REG.		YEAR	2h HOUR
1	(14)	PE OR PRINT)	rgaret D. R	AMRO			November	21. 1981		6:40a M
1 2	3 S	EX	4 RACE	MINDO	5 DATE C		6 AGE (IN YEARS LAST E		INDER ! YEAR	FUNCER 74 HRS
14	F	emale	White		MONTH 9	22 1904		77 YRS	DATE	HC RS MIN
0	7o. 8	BIRTHPLACE (S ATE ON FOREIGN	76 CITIZEN OF WH		8	D NEVER MARRIED	9 BALTIMORE CITY		DEATH	
2	7 N	Maryland	U.S.A	١.	WIDOWE		D 7 1 2	County		MD
11	10 (CITY OR TOWN OF DEATH	11. NAME OF HO		HOME	OR OTHER INSTITUTION	120 USUAL OCCUPA	TION	126 KIND OF	BUSINESSOR
2/	/ F	Rossville				ospital	Housew		INDUSTRY	
27	USU 13a	STATE 1136 C	L OR OTHER INSTITUTION GIV		AOMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
1	Ma	ryland Ba	ltimore E	dgemer	e	YES NOX	4528 Nor	th Poir	nt Bly	vd.
5	14 F	ATHER'S NAME	MIODLE	LAST		15 MOTHER'S MAIDEN N	AME		1,107	
(B)	0	George	W.	Merrit	t	Ella	M.		Thor	npson
dicol		WAS DECEASED EVER IN U.S.	ARMED FORCES? 16	SOCIAL SECUR	ITY NO.	17 INFORMANT	4528 AN	orth Po	oint I	31vd.
me		No	1	05-20-	6049	Margaret D	. Robertso	n-Balto	o., MD.	. 21219
‡,		18 CAUSE OF DEATH Enter	LICED DV						APPROXIM BETWEEN ON	ATE INTERVAL
ever		IMME!	DIATE CAUSE (a) CE	ardiopuli	nonar	y arrest				
notic		4149	DUE TO, OR A	S A CONSEQUEN	VCE OF					
roun		Conditions, if any, which gove rise to immediate	(b) Ac	dvanced o	coror	ary artery d	lisease			
her		couse to, stating the underlying couse lost	DUE TO, OR A	S A CONSEQUEN		2 .1				
0 0			· Ar	noxic en			Azotemia			
Jury,	Z	PART 2 OTHER SIGNIFICAL	at conditions <u>con.</u>	TRIBUTING TO DE	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVEN	IN PART 1 a	
di —	CERTIFICATION	190 DATE OF OPERATION	19h CONDITIO	ON FOR WHICH C	PERATIO	N WAS PERFORMED	20m AUTOPSY?	120h IF YES W	ERE FINDING	SLISED
E-X	를 일	0.00					YES TO NO N		G CAUSES C	
200	ER	210 ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCU			OR PART 2)	NO []
5	6	OR CONTRIBUTING CAUSE OF	DEATH	MONTH DAY	YEAR					
Or He	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF	INJURY	19	211 LOCATION				
y eq	W	WHILE NOT WHILE D	(AT HOME STREET	FACTORY OFFICE FAI	RM, ETC)	STREET	CITY OR T	OWN	COUNTY	STATE
mor		220 I certify that > (this h	ospital ottended the d	eceased from A	uq	19 19 81	to Nov.	21 19	81	ot He (we) lost
21 is		sow the deceased alive	on NOV. ZI	1901		nd that in (our) opinio	n death occurred on the	date and hour or	nd from the co	iuses stated
Hem	1	226 SIGNATURE	view the body offi	er deoth.		DEGREE			22c DATE S	IGNED
#		121		~		ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN []	11/211	01
AA	/	224 PHYSICIAN'S NAME (T	(PE OR PRINT)	1		22e ADDRESS			10/20/	0/
IMPORTA		Haseeh Al	-Mufti MD	1		9000 Frank]	in Square [r., 212	37	
₹ -	230	BURIAL, CREMATION, REMO		23c N/	AME OF C	EMETERY OR CREMATORY				
		Burial	11/24/	81 0	ak 1	Lawn	CITY OR TOWN	Baltim	OFF	MD.
/B1	24 F	UNERAL DIRECTOR Duda	a-Ruck, I	nc.			ATE REC'D. BY		(A)	to Um
	7	922 Wise Ave	enue Dui	ndalk,	MD.	21222 N	OV 24 1981	Printer !	7	ggdPi - Mil (Bary
	Company of the last of the las									

DHMH - 16 50M 1/B1 (VRA 15, 4)



PRESTON ST DIVISION OF VITAL RECORDS.

52

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2h HOUR

YEAR

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH DAY (TYPE OR PRINT) 3 SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR SEPT. 1°, 1925 MONTHS DAYS MALE WHITE 56 YRS To BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED XXNEVER MARRIED

MARYLAND USA 10 CITY OR TOWN OF DEATH RANDALLSTOWN

BALTO.

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

YES [

134 INSIDE CITY LIMITS?

15 MOTHER'S MAIDEN NAME

HILDA

(TYPE OF WORK FOR MOST OF WORKING LIFE) SALESMAN RETAIL 33.11 WILD CHERRY RD.

BALTIMORE COUNTY

120 USUAL OCCUPATION

MIDDLE

21207

12h KIND OF BUSINESS OR

130 STATE MARYLAND 14 FATHER'S NAME SAMUEL

(YES NO OR UNKNOWN)

MIDDLE

RASKIN 166 SOCIAL SECURITY NO. 217-14-3507

GIVE RESIDENCE BEFORE ADMISSION

MRS DORISADOARSKIN 17 INFORMANT 3311 WILD CHERRY RD.

BALTO., MD

21207

HENKIN

APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? HIN CERTIFYING CAUSES OF DEATH? NOT NOF YES [21a ACCIDENT WAS UNDERLYING 716 TIME OF INTURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

[IF EITHER, NOTIFY MEDICAL EXAMINER] PM 211 LOCATION 214 INJURY OCCURRED 21ª PLACE OF INJURY CITY OR TOWN COUNTY

DEGREE

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 220 I certify that (I) (this hospital) attended the deceased from

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

STATE

226 SIGNATURE

saw the deceased alive on above. I (we) I did (did not view the body after death

MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

22c DATE SIGNED

22d PHYSICIAN'S NAME (TYPE OR PRINT)

230 BURIAL, CREMATION REMOVAL (SPECIFY) BURIAL

NOV. 19, 1981

23¢ NAME OF CEMETERY OR CREMATORY ANSHE EMUNAH

23d. LOCATION BALT IMORE MARYLAND

24 FUNERAL DIRECTOR **DHMH-16 25M**

CERTIFICATION

MEDICAL

and Mental Hygiene

FUNERAL ld be detact the State ORTANT

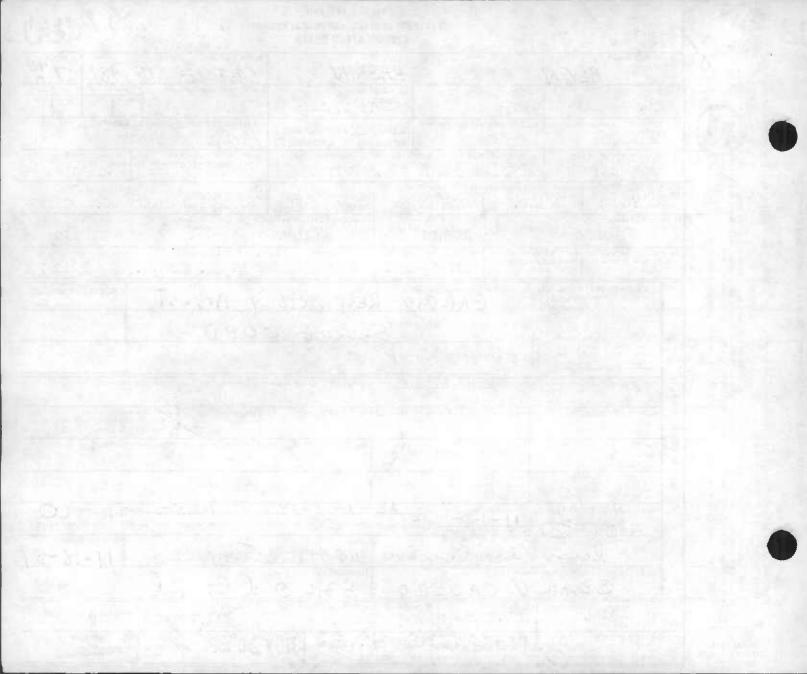
BP.

with

(VRA 15, 4) 1/79

SOL LEVINSON GOOBROS., INC. 6010 REISTERSTOWN RD BALTO MD 21215

BY REGISTRAR 256 REGISTRAR'S SIGNATURE lasur



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral dishould be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages I and 2 should be filled within 72 hawith the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the medical

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 8 3

1	FOR STATE REGISTRAR			DEPARTM					28	1 4 2
	CEASED NAME	ARSTO	n Frank	rodrav		AST CAST			DAY YEAR	26 HOUR
	Jo		I						1981	4:00 a
3. St	Male			White	MONTH	DAY YEAR	6. AGE (IN YEARS LAST I		MONTHS DAT	
Ja B	IRTHPLACE LETATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	B AAA DDIE		9 BALTIMORE CITY			
Maryland			US	SA -			Baltimor	e Cou	ntv	MD
-			Frankl	HOSPITAL, NURSIN H FACILITY, GIVE STREET A IN SQUARE	G HOME C	or other institution ital	120 USUAL OCCUPA	TION	12b KIND	
130	STATE	13b COUN	ITY			13d INSIDE CITY LIMITS?				
14 F.	ATHER'S NAME		MIDDLE	LAST						ACT
	Johr	n Rata	ajczak					lucki		A21
	YES_NO OR UNKNOWN)			166 SOCIAL SECUI	RITY NO.	17 INFORMANT		RESS		
	No			216 01 4	704	Catherine Rat	tajczak	Same		
	Canditians, if ony, gove rise ta imm cause (a), stating underlying cause	which sediate g the last.	DUE TO, OI	R AS A CONSEQUE	NCE OF	stite cond			501	8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
NO	PART 2 OTHER SIGN	IFICANT C	onditions <u>cc</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION	GIVEN IN PART 1	lia
RTIFICAT	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATION		20a AUTOPSY?	IN CER	TIFYING CAUSE YES []	NO [
CAL CE	OR CONTRIBUTING C	AUSE OF DEA	HOUR A.	M. MONTH DA	Y YEAR	216 HOW INJURY OCCURR	ED (ENTER NATURE OF IN)	IURY IN ITEM 1	8 PART I OR PART 2)	
MEDI	WHILE NOT WHI	LE 🗍			ARM, ETC]	211 LOCATION STREET	CITY OR I	OWN	COUNTY	STATE
BIRTHPLACE ISTATE OR FOREIGN TO COUNTRY? Maryland 10. CITY OR TOWN OF DEATH Rossville 21237 Franklin Square Hospital, Nursing Home to Technish Home or The Street Address of Hospital, Nursing Home or Technish Home or Technis						d that in (my) (our) opinion d	to, to	date and h	, 19 8 aur and from th	, that (It (we) last te causes stated
L DECERSED NAME AND NAME AND NAME DATE OF DEATH DECENSED NAME AND NAME DATE OF DEATH DATE OF			E SIGNED 5/1/8/							
STATE REGISTAR REG			2121/20							
REGISTAR REG	STATE									

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

etoined by the hospital or attending physician.

Burial

Funeral Home PA 1407 Old Eastern Ave. DEC 3 1981 SIGNATURE HATTER

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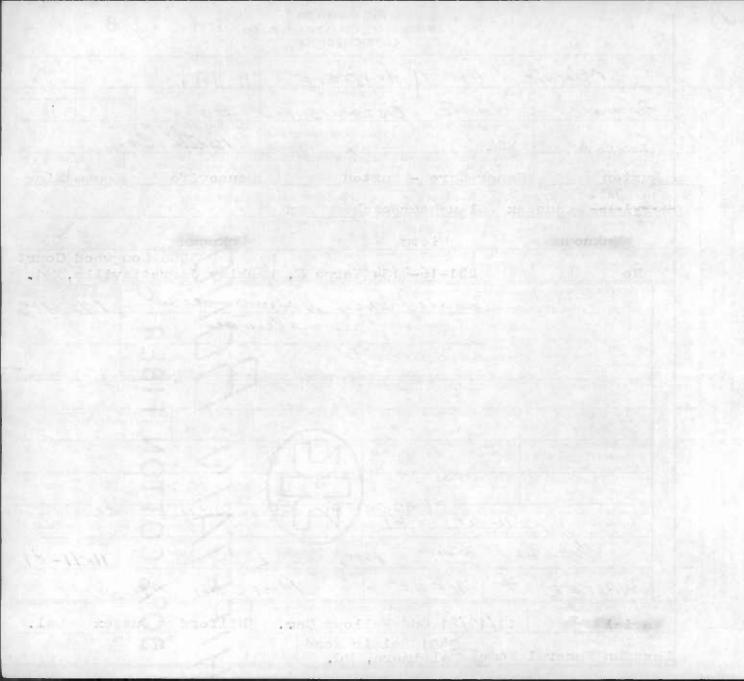
TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the deoth certificate be executed within 24 hours ofter deoth. Page 4 may be retained by the hospital or ottending physician.

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral director should be detached for use as the buriol-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled within 72 hours and the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

1			STAT	E OF MARYLAND	0. 1	0 0	0 4 7
1	FOR - STATE	DEPART		IEALTH AND MENTAL HYG	IENE O	2 8	2 4 0
	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0	
	ECEASED NAME FIRST	MIDDLE	-	AST		MONTH DAY YE	AR 26 HOUR
{TYP	PE OR PRINT) MINNI		AVA	DEE	11-11-81		4 20/p
3 SE	EX	4 RACE	5. DATE C	DE BIRTH	6 AGE IN YEARS LAST BIR		YEAR IF INDER 24 HR
	Jamale	White	Oct		85	YRS	
35 70 8	BIRTHPLACE (STATE OR FOREIGN	USA	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	CA.	Н
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATE	F WORKING LIFE) INDUS	
	Ruxton	Manor Care -		con	Housewife	Hor	nemaking
24		ROTHER INSTITUTION GIVE RESIDENCE BEFOR INTY 13c CITY OR TOV Sex Slaughte		13d INSIDE CITY LIMITS?	13e STREET ADDRESS		
	ATHER'S NAME			15 MOTHER'S MAIDEN NAM	ME		
13	Unknown	Diet	Z	FIRST	Unknown		ŁAST
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES!	URITY NO.	17 INFORMANT	3928	6 Longwo	od Cour
5	No		4134	Verna K. La			
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	DEATH BUT		INAL DISEASE OR CONI	DITION GIVEN IN PAR 2016 IF YES, WERE FI IN CERTIFYING CAU	NDINGS USED
4 5	210. ACCIDENT WAS UNDERLYING	THE OF BUILDIN		Tax How blury accura	YES NO	YES	NO 🗌
	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART OR PAR	T 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE		211 LOCATION STREET	CITY OR TO	wn COUNT	Y STATE
	sow the deceased alive or above, (1) (we) (did) (did no	mor) offended the deceased from		nd that in (my) (our) opinion o	to/_deoth occurred on the do	ote and hour and from	that (h (we) lose the couses stated
	22b. SIGNATURE Wal	ter T- Kees	"	ATTENDING PHYSICIAN	MEDICAL STAF	F	1-11-81
1	22d. PHYSICIAN'S NAME ITYPE WAZTER	ORPRINI)	\$	22e ADDRESS Mor	1Khin	19/2/	111
23a	BURIAL, CREMATION REMOVAL	L 23b. DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COLLEGE	
I	Burial	11/13/81 pd	d Fel	Llows Cem.	Milford	Sussex	Del.
24 F	FUNERAL DIRECTOR	7/101	Rolas	TO DOOR 250 DATE	REC'D BY REGISTRAR	236 REGISTRAR'S SIG	MATURE
74 F	Burial	11/13/81 0d	d Fel Belai	Lr Road 250 DATE	Milford		



TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending the burial-transit permit. I ond Mental Hygiene prior or Item 18 shows any

should be detached for use as MPORTANT: If Item 21 is

BP.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	STATE REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	0.			
	EASED NAME	FIRST	,	MIDDLE	L	AST	20. DATE O	FDEATH	MONIH	DAY	YEAR	25 HOUR
		Helen		F.	Recko	rd	Nove	mber	6, 19	981		,
SEX		4	RACE		5. DATE C		6 AGE (IN	YEARS LAST BIR	THDAY	IF UNDI	RIYEAR	IF UNDER 24 HR
	Female		Whit	e	Marc	h 10, 1892	89		YRS	NON/H	DAIS	HOURS MIN.
	OUNTRY	OR FOREIGN 71	CITIZEN OF	WHAT COUNTRY?	8 MADDIE	NEVER MARRIED	9 BALTIMO	ORE CITY C	R COUNT	Y OF DI	ATH	
	Maryland		U.S.	A.	WIDOWE		Bal	timor	e Cou	inty		MI
IO CIT	Y OR TOWN OF	DEATH 1	1. NAME OF H	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL	OCCUPAT	ION	12b	KIND O	F BUSINESS OR
	Towson		204 E	Bosley Av	e.			maker	ZI WORKING	1146	ZOSIKI	
13a S		136 COUNT Balti	Y	GIVE RESIDENCE BEFORE 136 CITY OR TOW TOWSON		13d. INSIDE CITY LIMITS?	13e. STREET 204	ADDRESS Bosle	y Ave	2.	2120	4
4 FA	THER'S NAME		DDLE	(AST -		15 MOTHER'S MAIDEN NA	ME	WIDDLE		-		
	John	W.	F	rankenfie	eld	Elizabeth		WIDDIE		Ric	chmor	nd
	AS DECEASED EV			166 SOCIAL SECU		17 INFORMANT		ADDRI	ESS			
(*)	NO NO UNKNOWN)	(IF TES, GIVE	WAR OR DATES	216-46-62	239	Mr. Raymond	C. Rec	kord,	san	ne a	s #	13e
	18 CAUSE OF DE	ATH Enter only	one cause per	line for ial, (b., one	d (c						APPROXI	MATE INTERVAL
	PART I. DEATH	I WAS CAUSED		CERE	3RO-	VASCULAR	ACCI	DEN	7		24	e Houng
	4.21	A	DUE TO, OI	R AS A CONSEQUE	NCE OF						. ,	
	Conditions, if a		(b)	CERE	BRAL	A. S.					461	ars
	gove rise to i	ating the	DUE TO, OF	R AS A CONSEQUE								
	underlying cor	use lost	((c)									
CERTIFICATION	PART 2. OTHER S	ignificant co	ASC		C H	NOT RELATED TO THE TERM	INAL DISEAS	E OR CON	DITION G	VEN IN	PART 1 o	
CAT	190 DATE OF OPE	RATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	OPSY?				GS USED OF DEATH?
E			-				YES 🗌	NO	Y	ES 🗌		NO [
	21a. ACCIDENT WAS I OR CONTRIBUTING [(IF EITHER NOTIFY M	CAUSE OF DEATH	21b. TIME O HOUR A./	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NA	ature of inju	RY IN ITEM 18	PART I OR	PART 2)	TIE.
MEDICAL	214 INJURY OCCU		21e PLACE	OF INJURY EET, FACTORY, OFFICE FA		211 LOCATION		CITY OR TO	WN	co	UNTY	STATE
2		WHILE WORK	TAL HOME SIK	EET, PACTORY, OFFICE P	ARM ETC.)	318221		4				317.0
	22a.l certify that	(I) (this hospita	1) ottended the		1/	29 1971	, to	11/6		198	1	that (II (ma) los
		ased alive on_	view the body	ofter death.	, on	nd that in (my) (an) opinion o	deoth occurre	ed on the de	ote and ha	ur and f	rom the d	ouses stoted

Donald L. Somerville, M.D.

22e ADDRESS

26 W. Pennsylvania Ave.

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial 23b DATE 11-9-1981 1050 York Rd.

230 NAME OF CEMETERY OR CREMATORY 23d LOCATION Towson, Prospect Hill Cemetery

24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4)

FOR

Ruck Towson, Funeral Home, Inc. Towson, Md. 21204

250 DATE REC'D. BY REGIST

TOTAL OF MEDICAL SPECIAL CO.	Linear Lat P. Olds		
ACCOUNT TRACTOR			
	2 Fr. 10-18 2		
THE ALBERT	ie reli		
A MALE AND ALL		AND OFFICE OF	

director, page 3 hours after death

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Wathen

CERTIFICATE OF DEATH

								KLO. 140	J.		
	PECEASED NAME	FIRST	٨	AIDDLE	· ·	AST		2a DATE OF DEATH	WONIH	DAY YEAR	26 HOUR
		Henry	W.		Redl:	ien		November	25,	1981	^
3. S	EX		4. RACE	9-11	5. DATE C		6	AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER YEAR	IF UNDER 24 HRS
	Male		White		June	11, 1923		58	YRS	MONTH DAYS	HOURS MIN.
7a. 1	BIRTHPLACE (STATE)	OR FOREIGN	76 CITIZEN OF	WHAT COUP	VTRY? 8	NEVER MARRIED	n 9	BALTIMORE CITY O		Y OF DEATH	
100	New York		U.S.		WIDOWE	D DNORCED	1	Baltimore	Cou	inty	ME
I	CITY OR TOWN OF D COWSON		St. J	oseph	S Hospi	Tal		THE USUAL OCCUPATION OF MOST O	ON F WORKING L	126. KIND C	x Corp.
13a. M	ual residence (IFN STATE Maryland	113b COUR		GIVE RESIDENCE 130 CITY OF TOWS	RIOWN	13d INSIDE CITY LIMITS	3?	534°Valley	View	Rd. 21	.204
14 F	Henry	W.	MIDDLE RE	dlien	, Sr.	Jane	NAMI	C. MIDDLE	K	Kinder 1.A	51
	Yes NO OR UNKNOWN)		E WAR OR DATEST		8-6567	Mrs. Doris	J.	Redlien,		e as #13	Be
	Canditions, if a gave rise to i couse to , sto underlying cou	mmediate ting the	b)		SEQUENCE OF	FXCERCISE	- (NOVCED			
NOIL						NOT RELATED TO THE T	ERMIN	IAL DISEASE OR CONE	OITION GI	VEN IN PART 1	O .
CERTIFICATION	19a DATE OF OPER	RATION	19b. CONDI	TION FOR W	HICH OPERATION	N WAS PERFORMED		20a AUTOPSY? YES NO	IN CERTI	S, WERE FINDING CAUSES	
MEDICAL CER	21a. ACCIDENT WAS LOT OR CONTRIBUTING	CAUSE OF DEA	111	M. MONTH	DAY YEAR	216 HOW INJURY OCC	URRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18	PART OR PART 2)	
MED	WHILE NOT AT WORK	WHILE O	21e. PLACE C		FFICE, FARM, ETC.)	211. LOCATION STREET		CITY OR TOV	VN	COUNTY	STATE
		ased alive on	tol) oftended the	30/81	,	d that in (my) (aur) apin	ion de	to 10/30 oth occurred on the da	te and ha	ur and fram the	that (1) (wellast causes stated
	77% SIGNATURE	Jan-	hid,	4cen	ed H		G 18	MEDICAL STAF	AND.	23L DATE	SIGNED
	Jamshid					22e ADDRESS 204 E. Jop	pa	Rd. Towson	, Mai	ryland 2	21204
23a	BURIAL, CREMATION	N, REMOVAL	23b. DATE		23¢ NAME OF CI	METERY OR CREMATO	RY	23d LOCATION			
	Crematic	on	11-27-	-81	Loudon	Park Cremat	ory	Baltimo	re	Mary	yland
_	FLINERAL DIRECTOR					owle Dd las-				TD - DIO	

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

TO FUNERAL DIRECTOR: After this certificate has been signed by the authorizing a should be detached for use as the burnal-transit permit. Then pitting in the carried pages with the State Dept. of Health and Mental Hygiene prior to amount cermination of reminant.

IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury or other traum

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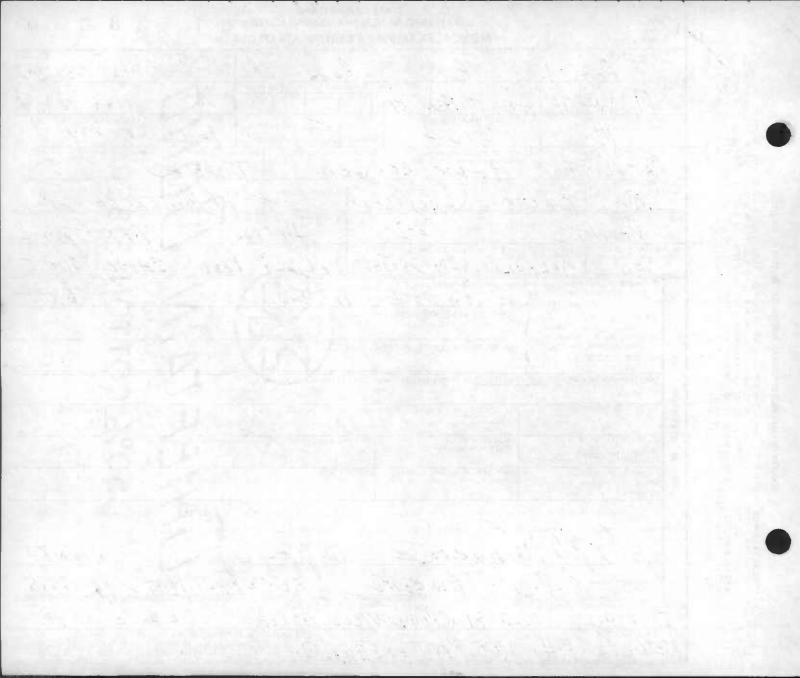
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD."PENDING" IN PERMIT IN ITEM 18, GIVE PAGES. 1, 2, AND 3. TO MITHAL DIRECTOR. PAGE 4. SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN YOUR FILES.

TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURBAL TRANSIT PREMIT. PAGES 1 AND 2 SHOULD BE THE YOUR PHONES. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH THE STATE DEPARTMENT. DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
EDICAL EXAMINER'S CERTIFICATE OF DEATH	

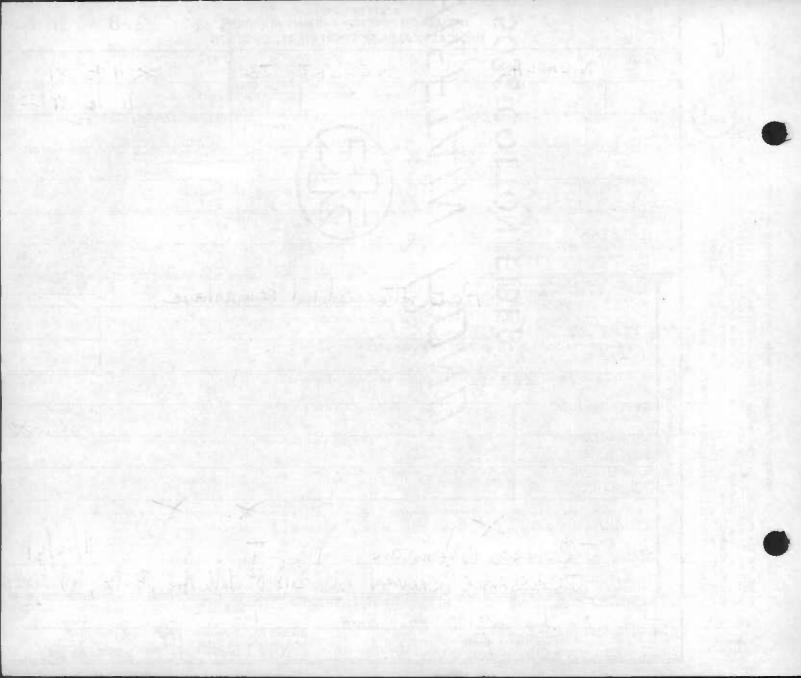
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	7-	STATE	DEPARIMENT	INTERIOR CERTIFICAT	ALHTGIENES	20290
		REGISTRAR	MEDICAL EXAM	INER'S CERTIFICAT	TE OF DEATH REG. N	
		CEASED NAME FIRST	WIDDLE	LAST (OF ESTI-	MONTH DAY YEAR 26. HOUR
ASE OR. ES. JRS.		Konald	E.	Keed	SA-' DEATH MATED	11/28 198/ 5 MM
PLE CT	3. SEX	MACE 5	DATE OF BIRTH 6 AGE (III	N YEARS IF UNDER 1 YR. IF U	NDER 24 HRS 2c. DATE URS MIN PRONOUNCED	MONTH DAY YEAR 24 HOUR
ON 2	-4	11 WHITE		YRS.	DEAD	11/28 108/50M
SSA	7a B1	RTHPLACE (STATE OR 7	CITIZEN OF WHAT COUNTRY?	8. MARRIED PINEVER	MARRIED 9 BALTIMORE CITY	OR COUNTY OF DEATH
E C		MD.	0,5.A.		NORCED SISTE.	COUNTY MD
S 15	10 CI	Y OR TOWN OF DEATH		OME, OR OTHER INSTITUTION		PE OF WORK 126 KIND OF BUSINESS OR INDUSTRY
36 5	1	ANDALLSTOWN	(IF NOT IN SUSH FACILITY, GIVE STREET ADDRE	O, GEN.	SABLE D	> GK IIADUSTKI
A DE	USUA 13a, S1		THER INSTITUTION, GIVE RESIDENCE BEFORE ADA		THE STORY ADDOCCES	
A PANDA PAND	130. 31	MD. BAL	TO: GAP	SON YES NO		ROSE AVE.
M. 3. S. 3.	14. FA	THER'S MAME			MAIDEN NAME	
PAND AND		KAYMOND	MIDDLE REEL	FIRST	ELEN MIDDLE	ARMSTRONG
PAG ORA N O	16a. W	AS DECEASED EVER IN U.S. ARME	D FORCES? 166. SOCIAL SECU	IRITY NO. 17 INFORMANT	T ADDRES.	S
AGE ISIO		VES KOR	EAN 214-26.	-1613 DELIA	+ P. FEFD S	AME. 21055
WIT WIT		18 CAUSE OF DEATH (Enter only	ane cause per ling for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN INSET AND DEATH
RWI RWI		PART I DEATH WAS CAUSED E		EMIT		1-11
ALC ALC YGH		4100	DUE TO, OR AS A CONSEQUEN	CE OF		
A H H		Canditians, if any, which gave rise to immediate	(b)			
TRA FENT		cause (a) stating the under-	DUE TO, OR AS A CONSEQUENCE	CE OF		
S A EX P		lying cause last.	(c)			
A BU		PART 2 OTHER SIGNIFICANT CONDITIONS CO	TRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVE	N IN PART 1 . a .	
BE BE WILLIAM AEDIN AEDI	NO					
PEN	ATI	190 DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED	?	20. AUTOPSY?
SHO SHO SHO IAL, IAL,	TIFIC					YES NO
WOR THE CLID BE LED BE LED BE LED BE LED TO	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY Y	EAR 21c. HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN ITEM 18	B PART 1 OR PART 2)
THE COUNTY OF	CAL	UNDERLYING OR CONTRIBUTING CAUSE OF DE				
TING TING 3 SH BIOR	EDI	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.)	E. 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ARD ARD OF PLANT	5	WHILE NOT WHILE D	STREET, PACTORT, PARM, ETC.)	SINCE	CITTORIOWN	COUNTY
R. TH. VRW SRW STA STA STA		22a Leartifu that I tank charge	of the remains described above, held a	n Autopsy . Insk	pection , Inquiry , a	nd in my apinion
NO.		death resulted from: Natural		Suicide . Hamicide	Undetermined manner	на и пу ариюн
ERTIF CERTIF CILD BE DIREC WITH ARYLA		dealin resolicia fryin: Judiordi	Accident			1-3
L DULL		ACTUAL / MILL O	Colanson"	THILE (SPECIAL	T 1	DATE 01/28/87
TE THE TE THE A SHC NERA DEATH		SHATURE		M.D.Z. G. G.	MEDICAL EXAMINER	SIGNED 17 1 0 0
MED GE 4 FUN FUN TER D	-	EXAMINER'S NAME (TYPE OR PRINT)	Will I All Sa	NI ADDRESS 5	550 BALTINA	Th 14 21228
TO MEDICA EXECUTE THE PAGE 4 SH TO FUNERA AFTER DEAT BALTIMORE	23a.Bl	IRIAL, CREMATION, REMOVAL 236.	DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	
BP	19	SURIAL.	12-2-81 CROWN	ISKILLE VET	CEA CITY OR TOWN A. A	1- CO. 149).
DHMH - 17	24. FL	INERAL DIRECTOR	1	25a. C	DATE REC'D. BY REGISTRAR 256. REG	SISTRAR'S SIGNATURE
(VR A15 ME (5)) 30M 7/73	N.	EWELL F.A	· 1/00 KEISTE	RSTOWN RD.	NOV 3 0 1981 74	near Can Thathen



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS	i	Co.	8)	
EDICAL EXAMINER'S CERTIFICATE OF DEATH		REG. NO.			

0	- STATE REGIS			ME			'S CERTIF			REG. NO.	0	***	
M 4. 42 82 F.	1. DECEASE		VICHO	LAS	WIDDLE	RE	LAST GEA	7 7		KNOWN DESTI-	MONTH	DAY YEAR	2b HOUR
PLEAS	3 SEX	4 RA	CE	5. DATE OF BIRTH	YEAR 6	AGE (IN YEARS	IF UNDER 1 YR	IPUNDER	24 HRS 2c. DAT	E	MONTH	DAY YEAR	2d HOUR
SAGE S	Male	Wh	nite	11 22	1906	74 YRS.	MONTHS DAYS	HOURS	MIN PRONOL	D INCED	11 1	6 ,81	12200
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Y IS		TOWN OF D	EATH	11. NAME OF HOS			R OTHER INSTIT	UTION	12a USUAL OCC FOR MOST OF W	UPATION (TYPE O	F WORK 121	OR INDUST	
DELA PER	Dunda	alk	IIIBSING HOME O	6823 D		Aven	ue		Clerk-I	Patapso	:0& E	3.R. F	₹.R.
N N N N N N N N N N N N N N N N N N N	130 STATE		136. COUNT	TY	13c. CITY O	RTOWN			13e STREET ADD				
A S S S S	Mary 14 FATHER		Balt	imore	Dund	атк	YES _	NO X		uluth A	Aven	ue	
DEATH. GES 1 M PM AND OF VII	FIR	cholas	,	J.	Dogos	of Cas	100	HER'S MAIDE FIRST	NNAME	MIDDLE		LAST	
ER DE PAGE ORAM — OF OF	16g, WAS DI	CEASED EVE	R IN U.S. ARA	AED FORCES?	Reger	t, Sr		Eva		ADD6582		Henni:	
JRS AFTER DEATH. 3. GIVE PAGES 1 WITH FORM PW DIVISION OF WITH	(YES, NO, C	OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	705-	10-06	94 Ros	0 M	Pogort		to.,	luth .	
JRS WITH PARTY PAR	18. C	AUSE OF DEA	ATH (Enter anl	y ane cause per line			74 11/05	1 ()	Regert	Dal	10.,	APPROXIMAT	EINTERVAL
ENE LE	Р.	ART I DE ATH	WAS CAUSED	BY:	cute	mhac	erebti	al to	mourho	ige		BETWEEN ONSE	T AND DEATH
ITHIN 24 HO CIL IN ITEM 1 VER ALONG ANSIT PERMI AL HYGIENE, REMOVAL.	14	3/0			AS A CONSE	QUENCE OF				J			
		anditions, it lave rise to		(b)	W-3								
TED WITH XAMINES XAMINES AL-TRAN MENTAL N, OR RE		ause (a) statir ying cause las		DUE TO, OR	AS A CONSE	QUENCE OF							
XECUTE JG" IN SAL EX- BURIAL	0.07.0	ATHER CONTEST		(c)									
ULD BE EXECUTED "PENDING" IN FINE ED AS A BURIAL HEALTH AND MI AL, CREMATION,		OTHER SIGNIFICA	INT CONDITIONS C	CONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMINAL	DISEASE OR CONDIT	ION GIVEN IN PAR	lT 1 a				
LIK OW	210 E	ATE OF OPER	RATION	196 CONDI	ION FOR W	HICH OPERATI	ON WAS PERFO	RMED?		FILEX		20 AUTOPSY	?
	210 E	XTERNAL CAI	ISEWAS	21b. TIME OF	IN II IDV		11. 11004/151111	W O C C UPPE				YES 🗌	но П
CERTIFICATE S TING THE WO DED TO THE C 3 SHOULD BE DEPARTMENT I PRIOR TO BU		RIYING [HOUR A.M	MONTH D	AY YEAR	ZIC HOW INJUR	CY OCCURRED	D LENTER NATURE OF	NJURY IN ITEM 18 PAR	IT I OR PART 2		
TING THE TING THE S SHOU DEPART PRIOR	21d. It	JURY OCCU	RRÉD	21e PLACE	OF INJURY ORY, FARM, ETC.	AT HOME.	II LOCATION		40.00				
THIS C E, WRIT RWARDI PAGE: STATE D STATE D	¥ WHIL AT W		WORK]	OKT, FARM, ETC.		SIREEI		CITY OR T	OWN	COUNT	Y	STATE
	22	a I certify tha	t I taak charge	e of the remains des	cribed abave	, held an	Autapsy .	Inspection	Inquir	and	ın my apını	an	
MAN FETTE FLAT	deat	h resulted fro	m: Nature	al causes	Accident [, Suicid	Hom	nicide .	Undetermined r	nanner .		1	1
WAR WAR	ACTU	AL	-0 -	180. 6	Ma	N7711	THE	(SPECIFY)	A.		DATE	11/16/	61
SHOW SHOW SHOW SHOW SHOW SHOW SHOW SHOW	SIGN	ATURE	·	streen () HOIL	eccon	M.D.	E franci	MEDICAL EXA	MINER	SIGNED_		81
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DECATH, WITH THE SHOULD BE ALTIMORE, MARYLAND,	EX AM (TYPE	INER'S NAMI	J.CR	OSSAN (01)01	DUAN	ADDRESS	2112	Simdalk	Ave., B	alb	, Md.	21222
DXADAA	(SPECIFY)		REMOVAL 23				ERY OR CREMA	TORY	23d. LOCATION		COUNTY	S'	TATE
BP	Buria	1 DIRECTOR	1	1/20/19	81 H	oly R	sary	[25a D 475 D	В	altimo	re l	Maryl:	and_
DHMH - 17	NAME 7032	Total a -	uda-R	Ruck, J.In				ALO V	EC'D. BY REGISTR	AR 255, REGIST	NAK S SIGI	MATURE OF THE	
(VR A15 ME (5)) 15M 2/80	1922	wise	Avenu	ie Dun	dalk,	MD.	21222	I IA O A	T 3 1301	A. I work	Off of	alea G	



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certificate be

requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: retained by the hospital or attending physician.

BP.

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	1	2	8	2	4	
	050 110					

1		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	WIDDLE	LAST	28 DATE OF DEATH MONTH DAY	YEAR 2h HOUR
	(14h)	Joh	w Henry Re	der	11 05	81 59
i.	3. SE	male	1 RACE white	S DATE OF BIRTH MONTH DAY YEAR 02 05 05		INDER I YEAR IF UNDER 2
25	C	RTHPLACE ISTATE OR FOREIGN OUNTRY) arvland	76 CITIZEN OF WHAT COUNTRY? I	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF	DEATH
or per unit		TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AD Manon Cau	HOME OR OTHER INSTITUTION		126 KIND OF BUSINESS INDUSTRY Self-empl
35	130	STATE 136 COU	timore Fullerto	OT YES NO TO	13. STREET ADDRESS 7909 Belair Ro	ad 212
Sdicarexa		ATHER'S NAME FIRST Fred	MIDDLE LAST Reide:		WIDDLE	Besold
t, the me	(NAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (# YES, GN NO	/E WAR OR DATES)	1353 Lois I. Be	address erg 4039 Joppa	Road 212
vs any injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DE			PERE FINDINGS USED
ADUS S	TIFIC				YES NO YES	G CAUSES OF DEATH
r Item 1		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR AM. MONTH DAY		RED (ENTER NATURE OF INJURY IN ITEM 10, PART	1 OR PART 2)
marked o	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	PM, ETC.) 211 LOCATION STREET	CITY OR FOWN	COUNTY STAT
: If Item 21 is		sow the deceased alive or	ital) attended the deceased from 11-5-19-8 pt) yiew the body after death.	DEGREE 23 ATTENDING	death occurred on the date and hour are	that (i) (we had from the couses state
Ž					A Director C Thronein C	111-2-01
MPORTAN	230	224 PHYSICIAN'S NAME (TYPE OF ALTE) BURIAL, CREMATION, REMOVAL	2 T. KEE	1220 ADDRESS	1216 LOCATION	1 5-111

DHMH-16 25M (VRA 15, 4) 1/79

NAME

250, DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

18 18 20 16 . And expected this

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the buriol-transit permit. Then please remove carban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR	25, 71	CERTIF	ICATE OF DEATH	REG. NO	D.		
		CEASED NAME FIRST CHA	RLES MELVIN	RE IS	ENWEBER	2a. DATE OF DEATH	11 OL	4 181	12:50A
1	3. SE	MALE	4 RACE WHITE	5. DATE (6. AGE (IN YEARS LAST BIR	YRS	IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
15%	Baltimore, Md. U.S.A.			Y? 8. MARRIE WIDOWI	D NEVER MARRIED D	BALT IMO RE COUNTY			
6	10 CI	TY OR TOWN OF DEATH	GBMC-6701 N.			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Indurance 12b. KIND OF BUSINESS O INDUSTRY			
3	13a. S M:	STATE 13b. COU	imore Cockeysville YES NO 😡			13e STREET ADDRESS 8 Warren Lodge Court			
30		Charles NN	MN Reisenwe		Lillian	Litezta		isner	ST
/		VAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN) (IF YES, GT	IVE WAR OR DATES)	213-05-1751 Margaret B. Reisenweber.				Warren Lodge (Cockevsville M	
		18 CAUSE OF DEATH (Enter only one couse per line for lo. (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).					BETWEEN	HO URS	
		Conditions, if ony, which gove rise to immediate cause (a), stating the							
	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)							
1	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO			
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PA	ART 1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		211 LOCATION STREET	CITY OR TO		COUNTY	STATE
		22a.1 certify that (his haspital) attended the deceased from 10-30 19 81 to 11-04 19 81 that (his we) last saw the deceased alive an obver, (his we) (did) (did not) view the body after death.							
		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRECTO							SIGNED 4/5
7	18	BRIAN ADLER, M.D. 220 ADDRESS GBMC-6701 N. CHARLES ST.							
		BURIAL, CREMATION, REMOVAI Burial	1 4 4		emetery or crematory y Valley Cem	· Cockeys	ville !	Balto	Md.
	24 FUNERAL DIRECTOR J. F. PAME LOWELL Lemmon 100 PREW Padonia Rd 1250 DATE REC'D. BY REGISTRAR 25 SIGNAL PROPERTY OF THE PROP								

10 W. Padonia Rd

DHMH-16 30M 2/80 (VRA 15, 4)

E. Lowell Lemmon

11 04 031 12:504	SELECTION OF LAW SELECTION	
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B LTIWAS COUNTY		
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The bearing of the soul for	. Taming of the second of	
FOUNE	SEPTEMBER PROTORY PLANE.	
	HINERGERERAL BASENING	
	7) 7 7	
13 47-11	11-04 81	
N. CHARLES ST.		126
That what was a second	and you a consider 1930 Vall	
	707 Security 27 - 1941 Leading 114	nisa . Total

Page 4 may be

and completely filled in by the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal:

MPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, an other traumatic event, the medical

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6.3	8	3	2	U

1	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	IENE O REG. N	ol m	0 2	2	U
		EASED NAME FIRST		WIDDLE	1	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	2h HOU	R
	(TABE)	WILLIA	M	HAROLD	RI	YEIMINE	NOVEMBER 1	0. 198	1	11:5	55p
	3. SEX		4_RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		NINDER LYFAR	IF UNDER	
	13.	MALE	WHITE	B	APRI	L 16, 1920	61	YRS.	MINS DATE	HOURS	MIN.
		RTHPLACE LATE OR FOREIGN	75 CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	OF DEATH		
		RYLAND	U.S	5.A.	WIDOWE		BALTIMORE	COUNT	Y		M
		RT HOWARD	(IF NOT IN SU	HOSPITAL, NURSING PACIFICAL CE	ADDRESS)	dr other institution	120 USUAL OCCUPATION OF WORK FOR MOST CONSTRUCT	F WORKING LIFE)	12b KIND (INDUSTRY	OF BUSINE	SS OF
1	13a S	L RESIDENCE (FNITTHE MEDIAL TATE) RYLAND		GIVE RESIDENCE BEFORE 136 CITY OR TOW BALTTMO	/N	13d INSIDE CITY LIMITS? YES 🚺 NO 🗌	13e. STREET ADDRESS 603 1/2 JE	FFREY S	STREET		
1	14 FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA/	ME		IA	ST	
-	V	Villiam	G.	Remn		Marie			feiff	er	
		AS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECL		17. INFORMANT	ADDRE				
		YES WW		212 07 6	739	Anne Remme	y same a	s 13 e	-		
		18 CAUSE OF DEATH lEnter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), METASTATIC CARCINOMA TO BONES AND KIDNEY 2 MONTHS Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF LOTTON OF AS A CONSEQUENCE OF LO									
	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119									
_	<u>1</u>	CEREBROVASCUI					20g AUTOPSY?	Tank IE VES	WERE FINDS	100 1100	-
	CERTIFICATION	190. DATE OF OPERATION	196 CONE	IIION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO		ING CAUSES		TH?
		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	DF INJURY M. MONTH D M.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT : OR PART 2)		
	MEDICAL	216 IN JURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, I	FARM ETC)	21f LOCATION STREET	CITY OR TO	NWI	COUNTY	5	STATE
		certify that (this hasp in the deceased alive a (we) (did) (did)	t, view the bad	be deceased fram_ 19_ y after death,	, a	nd that in (avr) aprinian a	, to11/10 death accurred an the d	ote and haur			
		22d. PHYSICIAN'S NAME (TYPE	1 (d	- Our	· /M	ATTENDING PHYSICIAN [MEDICAL STA	FF CIAN CI	11/1	1/81	
		AURORA C. TA				VAMC, FORT	HOWARD, MAR	YLAND	21052	2	
_		URIAL, CREMATION, REMOVAL				CEMETERY OR CREMATORY	23d LOCATION				
	(Burial	11/1	4/81 Ce	edar	Hill Cemete	rv Brookl	vn	A.A.	1	bM.

LBP. DHMH - 16 50M 1/B1 (VRA 15, 4)

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ATTENDING the haspital ar

Burial

Cedar Hill Cemetery

Brooklyn

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urial | 11/14/81 | Cedar H RECTOR Balto. Md. 21225 J. Gonce 4001 Ritchie Hgwy 24 FUNERAL DIRECTOR George

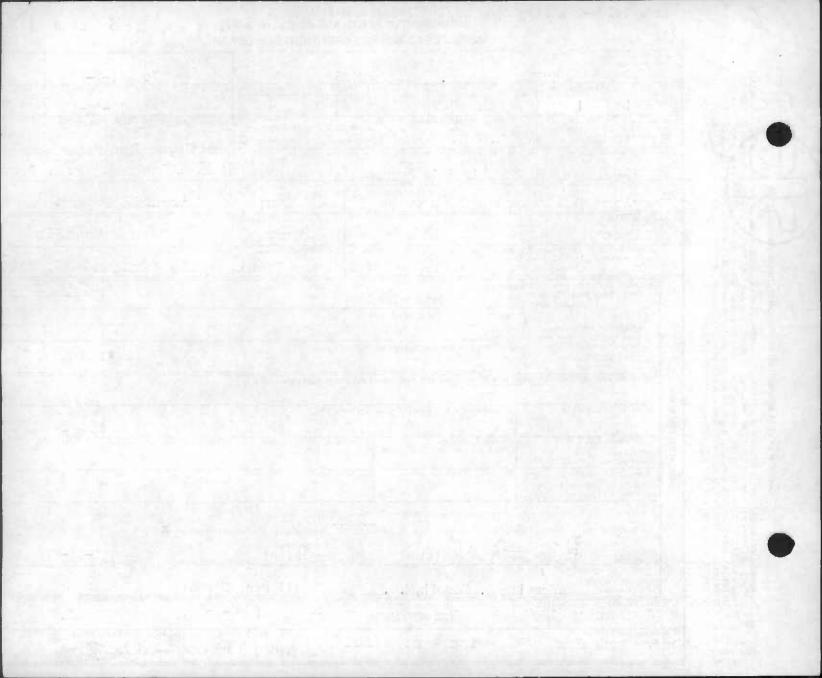
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on avilore wre	remail III maren	BANKAL B. OFERN	

DHMH-17

15M 2/80

Items #18a-22a Film G562 12/28/81 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2g. DATE KNOWN 25 HOUR (TYPE OR PRINT) OF DEATH MATED **EVELYN** RHINE 2d HOUR 5PM 11-10-8 9. BALTIMORE CITY OR COUNTY OF DEATH USUA POLLUPATION OF BUSINESS OR INDUSTRY Claims Adjuster Admi 13e. STREET ADDRESS 500 Virginia Towers Hanafin Elmer Stehil -1719 Kirkland Rd. APPROXIMATE INTERVAL 20 AUTOPSY? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE DATE 11-11-81 Md. STATE Greenmount Cemetery Balto. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE 7922 ADWise Ave. 21222 Duda-Ruck Inc. (VR A15 ME (5))



within 24 hours ofter

STATE OF MARYLAND

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1.	STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND I		NE O 1	Q 2, 3 6,
1 DE	CEASED NAME FIRST	MIDDLE	LAST		REG. NO. 20 DATE OF DEATH MONTH D	DAY YEAR 76 HOUR
	E OR PRINT)	I a to Tot	Diwillow	-	ALA LA O Jan	7 1
	EMMA	56011	KICHAR	\mathcal{D}	1401, 20	3/ M
3. SE	X	1 RACE	5. DATE OF BIRTH	YEAR		FUNDER I YEAR IF UNDER 24 HRS
	_	W	JULY 29	07	14 YRS	
≯a Bi	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER	MARRIED -	BALTIMORE CITY OR COUNTY	OF DEATH
B	ALTIMORE	USA		VORCED	BALTIMON	RE COUNTANY
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN			20. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR INDUSTRY
C	ATONSVILLE	HOUSE IN THE	EPINES		SERRETARY	INDUSTRI
	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE		TENTINGE I	a CIRCU ADDRECC	
1	MD, YBAC	TO CATEMS	YN 130 INSIDE C	NO A	120 MALBRO	OK RD.
14. FA	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S	S MAIDEN NAMI	MIDDLE	0
5	JOSHUA	W SCOT	TED	NA	MC	AHN
	WAS DECEÁSED EVER IN U.S. AR		JRITY NO. 17 INFORMA	ANT	ADDRESS 12	-0
	YES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES) P20-24	3840 PAU	IR.R	ICHARD MAL	BROOK RD
7	18 CAUSE OF DEATH (Enter on	lly ane cause per line far (a), (b), and	diciv - A			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	Ď BY: TE CAUSE (o)	((alleen	none 4	/ Wease	Users
	1 2 2 1 A			700-15		
	Conditions, if any, which	DUE TO, OR AS A CONSEQUE	INCE OF			
	gove rise to immediate	(b)		171		
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF			•
	DART COTUENCIONUES AND	(c)				
NO	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DH COMIC	TO THE TERMIN	IAL DISEASE OR CONDITION GIVI	EN IN PART 1(a
AT	190. DATE OF OPERATION	196 CONDITION FOR WHICH	The state of the s	RMED	20a AUTOPSY? 20b. IF YES	, WERE FINDINGS USED
MEDICAL CERTIFICATION					YES NOW YES	YING CAUSES OF DEATH?
ER	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c. HOW IN	JURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 PA	
0 11	OR CONTRIBUTING CAUSE OF DEA		AY YEAR			
Ö	(IF EITHER NOTIFY MEDICAL EXAMINER		19	211		
AED	21d. INJURY OCCURRED	21e. PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE F	ARM, ETC.) 211. LOCATIO		CITY OR TOWN	COUNTY STATE
-	AT WORK AT WORK	X Infrastructure		59.4	1.12	
	220.1 certify that (1) (this haspi	tal) attended the deceosed from_	- 122	. 19	_, to	19, that (I) (wa) last
	saw the deceased alive an abave, (I) (we) (aliah) (did na	t) view the bady after death.	and that in (my)	(applican de	ath accurred an the date and haur	and from the causes stated
	226 SIGNATURE		DEGREE		/ -	220 DATE SIGNED
	11	Notar-		PHYSICIAN TO	MEDICAL STAFF DIRECTOR PHYSICIAN	11/27/59
	224 PHYSICIAN'S NAME IZY EO	R PRINT)	22e ADDRES			1 1 1 1 1
	100 100				MALLALI	11111 00

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TO HOSPITAL OR ATTENDING PHYSICIAN. The efoined by the haspital or attending physicial

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the furshould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

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IMPORTANT: If Hem 21 is marked or Item 18 share

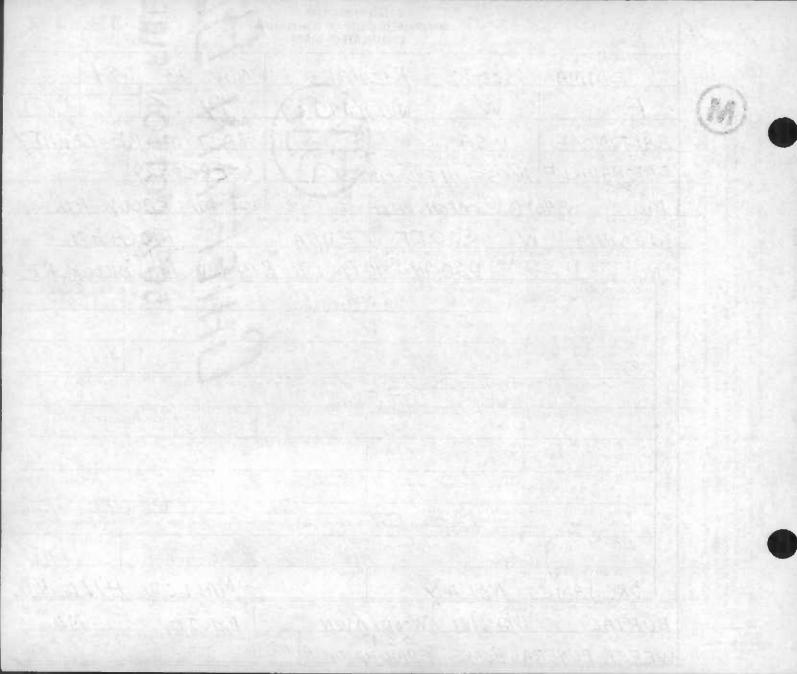
BURIAL CREMATION, REMOVAL 23b. DATE FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY

1D STATE

COUNTY

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE



4		1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	REG. NO.	2 8	2 3 3			
ω ŧ	1		CEASED NAME FIRST OR PRINT)	MIDE			AST	20 DATE OF DEATH MON	TH DAY YEAR	26 HOUR			
poger deat	1	3 SE)	MAF	RY R.	R	5 DATE O		AGE (IN YEARS LAST BIRTHDAY					
1 of			Female	White		Jan		88	MONTHS DAYS	HOURS			
A House	2	C	RIHPLACE (STATE OR FOREIGN DUNTRY) Wissouri	76 CITIZEN OF WH	AT COUNTRY	MARRIE WIDOWS	D NEVER MARRIED	Baltimore city or co		MD.			
by the fur	0		TY OR TOWN OF DEATH _utherville	(IF NOT IN SUCH FA	CILITY, GIVE STREE	NG HOME (PROTHER INSTITUTION Sing Home	12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WO Teacher	MKING LIFE) INDUSTRY	OF BUSINESS OR			
auld be filled in b	5	USU/ 13a S	AL RESIDENCE (IF NURSING HOME O TATE 13b COU	R OTHER INSTITUTION, GIV		ME ADMISSION)	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 230 Stony					
and 2 sh	0		THER'S NAME FIRST Dr. William	F. Rie	enhoff		15. MOTHER'S MAIDENNAI FIRST Sadie	ME MIDDLE		kins			
ges l ges l dical	7		VAS DECEASED EVER IN U.S. AF	E WAR OR DATES)	SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRESS					
S. Po	~		No	2	17 20	0570	William R.	Richardson					
he attending physisemave carbanpap emave carbanpap emation, ar remava er traumatic event,			18 CAUSE OF DEATH (Enter of PART). DEATH WAS CAUS! IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), storing the	DUE TO, OR A	SACONSEQU	ral DEFICE OF	larker	sosis Osclerosis	over 8	MANTE INTERVAL MONSET AND DEATH MCMH45			
has been signed by to permit Then please energy from to burial, critical away injury, or other presents on the presents of the	2	2	TIFICATION	TIFICATION	CERTIFICATION	PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT AND A E	CONDITIONS CON	RIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	20g AUTOPSY? 20	ON GIVEN IN PART 1 IN IF YES, WERE FIND I CERTIFYING CAUSE YES	INGS USED
al-transinatel Hygine 18 sh	9	- 1	216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.		DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)				
s the burn and Mer		MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE,		211 LOCATION STREET	CITY OR TOWN	1 15 countr	STATE			
for use o of Health 21 is man			220 I certify that (I) (this heap saw the deceased alive or above, (I) (we) (did) (did)	NOV /	19.	577	nd that in (my) (our) opinion (, to	and hour and from the	, that (1) (wg) lost e causes stated			
JERAL DIRECTOR detached State Dept			Charler Con	EDCE	eth	4)		MEDICAL STAFF	n/	E SIGNED 181			
should be with the St			22d. PHYSICIAN'S NAME (TYPE OF	E EL	4100	75/	D 1134 4	ork Rd2	1093	marylan			
)		(:	urial, CREMATION, REMOVAI Cremation	11/16/			emetery or crematory Mount	Balto.,	COUNTY	Md. SEATE			
HMH-16 20M RA 15, 4) 7/7		-	NERAL DIRECTOR Henr	y W. Je			is Co.	OV 1 6 1981	REGISTRAR'S SIGNA	TURE			

STATE OF MARYLAND

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Henry W. Jankins & Sons Co. ECE Yark Road Balto., Md. 21212 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter etoined by the hospital or attending physician.

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

Must be restlied of one

STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

STATE OF MARYLAND 2 8

							REG. NO.			
	DECEASED NAME FIRST	WID	DDLE		AST	Zo. DATE OF	DEATH MONTH	DAY YEAR	2b HO	UR
ı	Darwin	W		Ri	.den	November		18, 19	81	M
3	SEX	4 RACE		5 DATE C	FBIRTH	6. AGE (IN YEARS LAST BIRTHDAY)		IF UNDER LYEA	R FUNDE	R 24 HR1
L	Male	White		Augu	st 9, 1916		55 YRS	MONIM! DAY	HOURS	MIN
	a. BIRTHPLACE I STATE OF FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	MARRIEI	NEVER MARRIED		RE CITY OR COUNT			
	Pennsylvania	U.S.		WIDOWE	D DIVORCED	Baltimore County				MD.
)	Monkton	11. NAME OF HOSPITAL, NURSING HOM (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS) 2306 Monkton Road			PROTHER INSTITUTION	TYPE OF WORK	OCCUPATION K FOR MOST OF WORKING LIVE VICE	Pres.	126 CONSTRUCTION POST Williams	
	JSUAL RESIDENCE (IF NURSING HOME OR 30 STATE 136 COUN Balt		TVE RESIDENCE BEFORE AI 31. CITY OR TOWN Monkton		13d. Inside city limits? Yes \(\text{NO \(\frac{\fir}{\frac{\fir}{\frac{\frac{\frac{\frac{\frac{\fin}{\frac{\fir}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}{\fir}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}{\fir}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}{\fir}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fin}}}{\firan{\frac{\f{\frac{\fir}{\fir\f{\fir}}}}{	13e. STREET / 230	ADDRESS 06 Monkton	Road	Road	
	FATHER'S NAME FIRST Walter	MIDDLE H,	Riden		15. MOTHER'S MAIDEN NA. Grace	ME	WIDDLE	Det	ast ra	
1	60 WAS DECEASED EVER IN U.S. AR.	MED FORCES? 16	66 SOCIAL SECURI	TY NO.	17. INFORMANT		ADDRESS			
	NO NO		17-09-404	12A	Mrs Theda N	May Rid	len, Same	As #13e	2	
	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause last PART 2. OTHER SIGNIFICANT C 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR A	AS A CONSEQUENCE OF AS A CONSEQUENCE OF NITRIBUTING TO DEATH BUT NOT RELATED TO THE TERM TON FOR WHICH OPERATION WAS PERFORMED			NINAL DISEASI	ES, WERE FINE	N IN PART 1:0 WERE FINDINGS USED NG CAUSES OF DEATH?		
+	210. ACCIDENT WAS UNDERLYING	216 TIME OF I	INJURY		21c. HOW INJURY OCCUR	YES _		/ES	NO [
	OR COMPRISHED TO CHIEF OF DE.	TH HOUR A.M.	MONTH DAY		The state of the s	(EMIERIAA	TORE OF INJORT IN ITEM TO	PART ORPART 2		
	OR CONTINENTIAL CAUSE OF DEA	21e. PLACE OF	INJURY T, FACTORY OFFICE, FAR	19 M, ETC)	21f. LOCATION STREET		CITY OR TOWN	COUNTY		STATE
	220.1 certify that (1) (this hospit sow the deceased alive on above, (1) (we) (did) (did no		19	, on	d that in (my) (our) apinion	, to death occurred	d on the date and ho	. 19		
	226 SIGNATURE 226 PHYSICIAN'S NAME (TYPE O Alan J. Balda		3	l l	ATTENDING PHYSICIAN PARTIES ADDRESS 10629 York		STAFF PHYSICIAN Cockeysvi		E SIGNED	
2	30 BURIAL, CREMATION, REMOVAL	236. DATE			EMETERY OR CREMATORY	23d LOCA	ORTOWN	COUNTY		MAIF
L	Burial	11-21-	81 Dul	Laney	Valley Memor	cial C	ockeysvil	le, Bal	to. I	Md.
. 2	4 FUNERAL DIRECTOR		10	050 Y	ork Rd. 250 DAT	E REC'D. BY R	EGISTRAR 256 REGIS	STRAR'S SIGNA	TURE	
	Puck Mowcon Funer	al Home	The To	WSOT	. Md. 21204N	DIL OF	1001 -1	^		

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1 -	FOR STATE REGISTRAR
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR			CERTIF	ICATE OF DEATH	REG	NO.		
		ECEASED NAME FIRST		MIDDLE		ASI	20 DATE OF DEATH		DAY YEAR	26 HOUR
		SAMU	EL			ROLL	NOV	EMBER	24,1981	4:30 RM
	3 SE		4 RACE		5. DATE C		6. AGE (IN YEARS LAS	BIRTHDAY)	MONTHS DAYS	HOURS MIN.
		MALE	WHIT			14, 1904	77	YRS		
ouce.		MARY LAND		WHAT COUNTRY?	/HAT COUNTRY? 8 MARRIED 🛛 NEVER MARRIED 🗍			_	Y OF DEATH	
- to		CITY OR TOWN OF DEATH	USA	HOCOTAL AUROLA	WIDOWE	DR OTHER INSTITUTION	BALTIMO		OUNTY	MD.
\$ C	R	RANDALLSTOWN	3501	BEAGLE LA	NE AF	T. 102(21133)	120 USUAL OCCUP			
35	13a M		NTY MORE	RANDALLS		13d INSIDE CITY LIMITS?		SLE LA	NE APT.	102(2113
30	14. F.	ATHER'S NAME MOSES	WIDDLE	ROLL		SARAH	ME		KEMI	ER
dico.	160	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT		DRESS	(21	1133)
E /		NO		055-05-9	905B	MRS. MARILYN	ROLL 350	1 BEAG	LE LANE	APT. 102
ry, or other trour		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(c)_	BSEC	AS A CONSEQUENCE OF A STATE OF THE TERMINOR TO THE TERMINOR TO THE TERMINOR TO THE TERMINOR THE			ONDITION G	IVEN IN PART 1	0
alui kuo smot	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDING IFYING CAUSES	
tem 18 st		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	DE INJURY M. MONTH DA M.	Y YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF I	NJURY IN ITEM 18	PART I OR PART 2	
orked or I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET FACTORY, OFFICE FA	ARM, ETC)	211 LOCATION STREET	CITY O	TOWN	COUNTY	STATE
21 is m		sow the deceased alive or above, (I) (e) (did) (and a	1113	19 Y	or	d that in (my) (out) apinion (death occurred on the	date and ho		that (Twee last causes stated
T. If then		226 SIGNATURE	SKS	m	0	DEGREE ATTENDING PHYSICIAN X	MEDICAL S DIRECTOR PHY	TAFF SICIAN [22c DATE 11/	25/81
MPORTANT		224 PHYSICIAN'S NAME (TYPE				22e ADDRESS		1		
WPO WPO		ROBERT	KROOPNI			8726 LIBER		.133)		
	230 F	BURIAL CREMATION REMOVAL	23h DATE	1 23 N	AME OF C	EMETERY OR CREMATORY	234 LOGATION			

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DHMH = 16 50M 1/81 (VRA 15, 4)

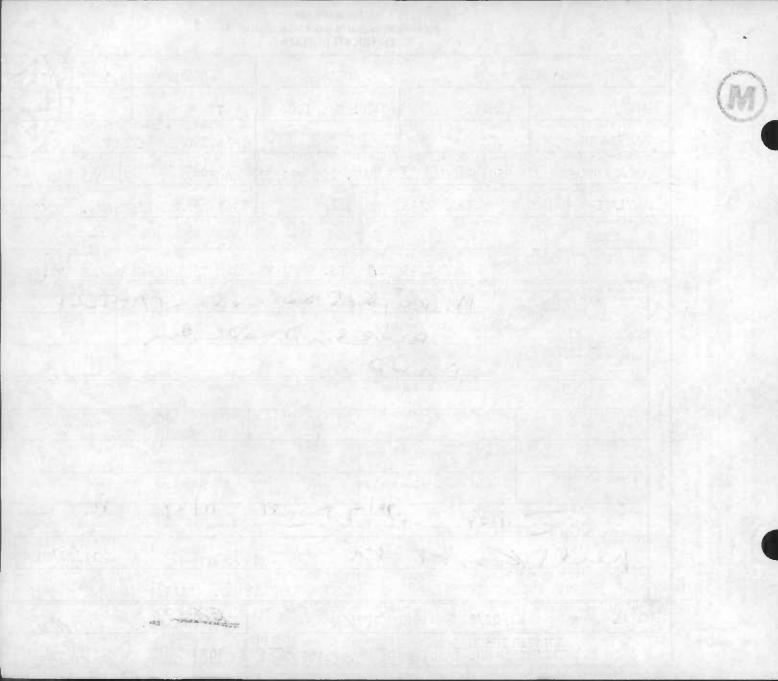
should be detached for use as the burlal-transit permit. Then please remave carban pape with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or remayal.

TO FUNERAL DIRECTOR. After this certificate has been signed by should be detached for use as the burial-transit permit. Then please

BURIAL 11/25/81 BETH TFILOH

ERAL DIRECTOR SOL LEVINSON & BROS 6010 REISTERSTOWN RD. BALTIMORE, MD.

(21215)DEC



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

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DHMH-16 25M (VRA 15, 4) 1/79

6010 REISTERSTOWN RD.

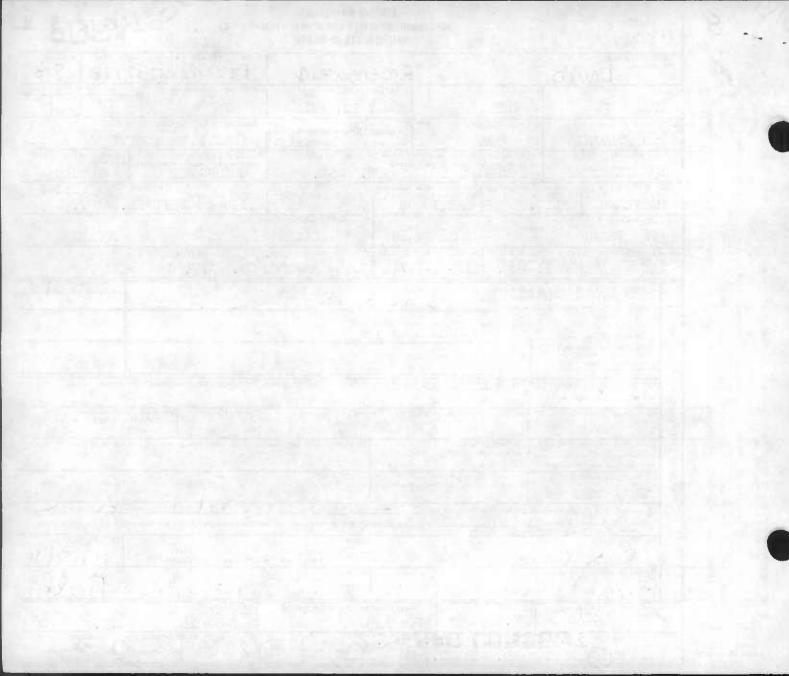
BALTO., MD

STATE OF MARYLAND

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	1 -	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG		2	3 2	. 5 /
	I. DEC	CEASED NAME FRST		MIDDLE	0 05/	AST DOC 1 PO 1 O	20 DATE OF DEATH		YEAR	8 B
		David	Leaver		K036	ensweig	1.01.10	Jer 1	7,1981	IF UNDER 24 HRS
	MALE WHITE			Ξ	5 DATE C	Y 12, 1911	6. AGE (IN YEARS LAST BIRT		ONTHS DAYS	HOURS MIN
70 BIRTHPLACE (STATE OF FOREIGN COUNTRY) PENNSYLVANIA			76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NORCED DIORCED	BALT IMORE			MD.
RANDALLSTOWN			(IF NOT IN SUC	HOSPITAL, NURSING THE FACILITY, GIVE STREET A MORE COUNT	DORESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF CHAUFFEUI	WORKING LIFE) INDUSTRY	F BUSINESS OR
2	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL MARYLAND BALT	INTY	GIVE RESIDENCE BEFORE A 130 CITY OR TOWN BALTIMOR	1	134 INSIDE CITY LIMITS?	35 STREET ADDRESS	REHR R		21207 G. G
0	14 FA	THER'S NAME ISAAC	WIDDLE	ROSĖNSWE	EIG	15. MOTHER'S MAIDEN NAMED SARAH	WIDDLE		TUCK	ER
	160 W	VAS DECEASED EVER IN U.S. A LES NO OR UNKNOWN) (18 YES GI (ES WW)	RMED FORCES? VE WAR OR DATES) I - ARMY	213-01-24		17 INFORMANT MRS 3510 LANGREHI	R RD., APT.		G #21207	
	NOI	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN								
1	CERTIFICATION	1% DATE OF OPERATION	196 COND	ITION FOR WHICH C	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	, WERE FIND IN YING CAUSES	
1		216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	CALID.	M MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PA	ART 1 OR PART 2]	
	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	71s PLACE			211 LOCATION STREET	CITY OR TOW	/N	COUNTY	STATE
	C	22e I certify that (I) (this-hose saw the deceased alive a above, (I) well that (I did r 27b) SIGNATURE				nd that in (my) (out opinion of the properties o	MEDICAL STAF	F		
1		ROBE CT	CLOO		wo	22e ADDRESS	9 Red 1	102	M	all.
	(5	SURIAL, CREMATION, REMOVA BURIAL	NOV.19	,1981 FO	AME OF C		23d LOCATION CITY OR TOWN ROSEDAL	E B	COUNTY BALTO.	STATE MD
		UNERAL DIRECTOR SOL 1		& BROS.,	INC.	21215 25e. DAU	PREC'D. BY REGISTRAR	Han	RAR'S SIGNATI	URE

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		I	tems 3,	7a g561	11/13/81	gj.	STAT	E OF MARYLAND)			~ /		
	5	1-	FOR STATE REGISTRAR			DEPART	MENT OF H	EALTH AND MEN	NTAL HYGI	IENE B I	NO.	2 8	217	3 3
11			CEASED NAME	FIRST		IDDLE		AST		20 DATE OF DEATH		DAY Y	EAR	26 HOUR
1 71		TITPE	OK PRINT)	SIDNE	7.	L.	ROS	SSITER		November	3,	1981		3:00Am
		3 SE	X	100	4 RACE		5 DATE C			6 AGE (IN YEARS LAST	BIRTHDAY	IF UNDER	1 YEAR	IF INDER . 4 HRS
(TOTE)		J	'emale	Male	Whit	te	June	= 11°, 1	901	80	YR		DATE	HC IRS MIN.
7	:99		RTHPLACE New 1	- //	Th CITIZEN OF W	HAT COUNTRY?	8 MARRIEI WIDOWE	D NEVER MAR		Baltimore city Baltimor	_			MD.
rs off by the H	100 John John John John John John John John		11 OR TOWN 0		Perring Parkway					OCCUPA (TYPE OF WORK FOR MOS Painte	TION OF WORKIN	12b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTIO		
filled in nould be	od Sta	Ma	ryland		timore	13t. CITY OR TOW 2123		13d INSIDE CITY YES NO	LIMITS?	1721 Abe	rde	en Ro	ad	
ted within ampletely and 2 sl	30	14 F A	Alexar	nder	AIDDLE	Rossite	r	15. MOTHER'S M.	lice	AE MIDDLE		McDo	nal	.d
xecund co	dicol			EVER IN U.S. AR	WAR OR DATES	166 SOCIAL SECU		17 INFORMANT			RESS			TEE
be e	e medi		Yes	W.W	. II	81-20-	7072	Gail J	ohnso	on Baltin	ore			234
physical physical proposed	event, th		18 CAUSE OF DEATH Enter analy one couse per line for (o) (b), and c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) APPROXIMAT BETWEEN ONS)											
eoth ce rending	on, or r umofic		Canditions, if	any which	DUE TO, OR	AS A CONSEOU	ENCE OF						0	
that the d	ol, cremoti r other tro		gove rise to couse 1a, underlying	immediate stating the	DUE TO, OR	AS A CONSEOU	ENCE OF		3 B					
equires in signed Then ple	n to burn injury, o	NO	PART 2 OTHER	SIGNIFICANT	ONDITIONS CO	ntributing to	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CO	NOITION	GIVEN IN PA	ART 1 o	
he low ron.	shows any	CERTIFICATION	190 DATE OF O	PERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?	20b IF IN CER	YES, WERE I	FINDING AUSES C	GS USED OF DEATH?
physicio physicio	Item 18 sh		OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEA	101	MONTH D	AY YEAR	21c. HOW INJUR	RY OCCURR	ED (ENTER NATURE OF IN	IURY IN ITEM	IS PART I OR P	ART 2)	3,5111
offending fer this ce s the buri	rked ar Ite	MEDICAL	21d INJURY OC		21e PLACE O		-	21f LOCATION STREET		CITY OR	OWN	COUP	414	STATE
LDIN Lor Nse o	s mo			at (1) (this hospit	al) attended the	deceased fram_		, 1	19	, to		. 19	, th	not (I) (we) lost
Spirto CTO	21:	1	sow the de	eceased olive on,	view the bady o	tter death.	, on	d that in (my) (ou	r) apinion d	eath accurred an the	date and l	naur and fro	m the co	auses stoted
y the har	ofe Dept		2265 SIGNATUR	ilu (2. Pa		100	PHY ATTE	NDING SICIAN	DIRECTOR PHYS	AFF ICIAN []	220	DATES	3 /8 /
ed b	RTAN			I'S NAME (TYPE OF				124 710011200				-		
TO HOSP retained TO FUNE should be	With W			ito Pa	tricio,					old Sprin	ng La	ane	254	-0392
BP		Cr	rematic		Nov. 4	100		emetery or creation Park		23d LOCATION CITY OR TOWN	imo	ce, M		STATE
DHMH - 16 50M			NERAL DIRECTO			ADDRESS		SEL TEN	250 DATE	REC'D. BIRECTER	R 25b REC	ISTRAPS 3	GNAID	Pastle-
(VRA 15, 4	'	Wi	lliam	E. Joh:	nson 8	21 Loc	h Ray	ven Blv	d.	0 1001		0		- care dille

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OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP.

retained by the haspital ar attending physician.

within 24 hours after death. Page 4 may be

FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 8 2 5 9

	1.	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0			
		CEASED NAME OR PRINT	FIRST	-1-4	WIDDIE		LAST	20 DATE OF DEATH	MONTH	DAY YEA	R 2b HOL	JR
	11172	T	hel	ma	M.	Ru	dasill		11	9 81	11/1	5kg
	3. SE>	·		4. RACE	1.4	5 DATE O		6 AGE (IN YEARS LAST BIR	THDAY	IF UNDER 1 Y		2 24 1 1 16
		Temo	3.15	W	hile	May	2, 1924 YEAR	57	YRS		AYS HOURS	MIN.
		RTHPLACE I TATE ON F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AA A D D IE	D MEVER MARRIED	9 BALTIMORE CITY O	R COUN	TY OF DEATH	1	
	Mo	aryland		U.S.	4.	WIDOW		Baltim	lore	County	1	ME
è	0 CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT			D OF BUSINI	ESS OR
2		Randallsto		Baltime	ore Count	y Gen	eral Hospital	Homemaker		THE HADOST	K I	
4	13a. S	AL RESIDENCE (IF NURSI	136 COUN	VTY	130 CITY OR TOW		13d INSIDE CITY LIMITS?	13e STREET ADDRESS				
)	_	ary land	Balt	imore	Woodlaw	n	YES NO X	7321 Elmor	e Av	enue .	21207	
ń	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME			LAST	
-		Henry	1 Tri	plett			Marie	Deitz			LAST	
		AS DECEASED EVER		MED FORCES?	16b SOCIAL SECU	IRITY NO.	17 INFORMANT Mr. 1	Maurice ODRI	Ruda	sill		
		NO OR LINKHOWN)			218-22-65	503	7321 Elmore	Avenue Bal	to. 1	MD. 21:	207	
		18 CAUSE OF DEATH PART I. DEATH W.	H Enter on	ly one couse per	line for al, ib on	de	- (- 111	{	APP BETW	ROXIMATE INTEL	RVAL
				TE CAUSE (a)	Le + co	Stat	eclacen	may the	101	n	THE PARTY	
		1629		DUE TO, O	R AS A CONSEQUE	NCE OF	1.20-	14		,0		
		Conditions, if any,		(b)_	MYOCO	end	eal 50.	Mer CTT	ne			HII
		gove rise to imm	g the	DUE TO, OI	R AS A CONSEQUE	NCE OF						
		underlying couse	lost	(c)_								
	z	PART 2 OTHER SIGN	IFICANT	CONDITIONS <u>CC</u>	DATRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN PAR	110	
	CERTIFICATION	190 DATE OF OPERAT	1001	100 00000	10.1500.14110	0058.7.0		1	Ton or i			
ı	FICA	190 DATE OF OPERAT	ION	196 CONDI	HON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FIN TIFYING CAU	SES OF DEAT	IH?
4	ERT	210 ACCIDENT WAS UND	EBIVING F	216. TIME O	E INTILIBY		Tal- How hilling occurs	YES NO		YES [NO [
1		OR CONTRIBUTING		110110	M. MONTH DA	YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	B PART I OR PART	2)	
	MEDICAL	(IF EITHER NOTIFY MEDIC		21e. PLACE		19	21f LOCATION					
1	ME	WHILE NOT WHI	LE T	(AT HOME STR	SET FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TO	WN	COUNTY	5	STATE
		AT WORK AT WOR	K			all	10	119		17		
		22a I certify that (I) saw the decease	d alive on	10019	19	Or	nd that in (my) (aur) apinion o	death accurred on the di	ate and h	nur and Iron	_, that (i) (we) Tool
1		abave, (I) (we) Id 22b. SIGNATURE	id) (did no	the body	ofter death.		DEGREE		are ond no		TE SIGNED	area
	13	221	HIC	un	en	(MA ATTENDING	MEDICAL STA		2	16/1	11
-		22d PHYSICIAN'S NA	ME (TYPE O	R PRINT)			22e ADDRESS	DIRECTOR PHYSIC	IAN		11/6	1)
ı		Pasher	IC	0000	VICE F	10	1316	he and	-	1	2	
+	23n BI	URIAL, CREMATION, F	ZEMOVAL.	23b. DATE	122. 6	IAME OF C	EMETERY OR CREMATORY	123d. LOCATION	7	114		
		Burial	LMOVAL	11/13/			is Cemetery	CITY OR TOWN	7	COUNTY	Mary	TATE
			prina	Buers	Juneral D	irect	ors, Inc. 250 RATE	ENRECID. BY REGISTRAR	25 F.G.I	loward	Mary	Laria
	879	28 Liberty	Road	Randa	12stown.	MD. 2	7733 NU	A T O 1391	Miss	W. Jak	Meath	2
- 1										2		

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in should be detached for use as the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 should be fixeful the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, ar ather traumotic event, the medical

MPORTANT: If Hem 21 is marked at Item 18 shows ony

man en la did la la labora di 10 - 1/12 - 17

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funer, should be detached for use as the burnal-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 7 with the State Dept. of Health and Mental Hygiene prior to burnal, cremotion, or removal.

injury, or other traumatic event, the medical

MPORTANT: If Item 21 is marked or Item 18 shows any

24 FUNERAL DIRECTOR

Ruck Towson Funeral Home, Inc. Towson, Maryland

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

198

FOR T- STATE REGISTRAR		DEPARTI		HEALTH AND MENTAL HYG	REG. NO.	28.	. 6 0
1 DECEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH MONT	H DAY YEAR	2b HOUR
(TYPE OR PRINT) BERNA	RD	ALBERT	RU	OCCO, SR.	November 29	, 1981	2:20
3. SEX	4 RACE			OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)		
Male	Whit	te	Augu	st 8, 1918 8	63	YRS WON'RS DAY	> HL /R' MIN.
70. BIRTHPLACE (STATE OR FOREIGN New Jersey	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWI	DEVER MARRIED DIVORCED	Baltimore City OR CO		MD.
10 CITY OR TOWN OF DEATH TOWSON	(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET Joseph's	G HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Broker	KING LIFE) INDUSTR	OF BUSINESS OR
		GIVE RESIDENCE BEFORE 134 CITY OR TOW TOWSON		13d. INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS 302 E. Jopp	a Road,	Apt. 801
14. FATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		ASI
Albert	I	Ruocco		Sarah		Toscl	
160 WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRESS		
No No	GIVE WAR OR DATES!	139-12-69	913	Mrs. Alice S	S. Ruocco 302	E. Joppa	Road
couse (a), stoting the underlying couse lost PART 2 OTHER SIGNIFICAN	(c)_	ONTRIBUTING TO D		NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	N GIVEN IN PART	l a
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FIND CERTIFYING CAUSE YES []	DINGS USED ES OF DEATH?
21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER NOTIFY MEDICAL EXAMIN	- MINI	DF INJURY .M. MONTH DA .M.	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART (OR PART 2)	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
sow the deceased alive a above, (1) (and the light)	9-11	0- 19	101	nd that in (my) opinion of	, to A Q H death occurred on the date on		e couses stated
226 SIGNATURDEM	Culin	MI)			MEDICAL STAFF DIRECTOR PHYSICIAN [30/8/
22d PHYSICIAN'S NAME (TYPE Dennis G. (M.D.		660 Kenilwo	orth Drive	7 = 8 =	7881
236 BURIAL, CREMATION, REMOVA (SPECIFY) Burial	23b DATE 12-2-			EMETERY OR CREMATORY y Valley	23d LOCATION CITYOR TOWN Cockeysvill	e county I	Maryland

BP. DHMH= 16 50M 1/B1 (VRA 15, 4)

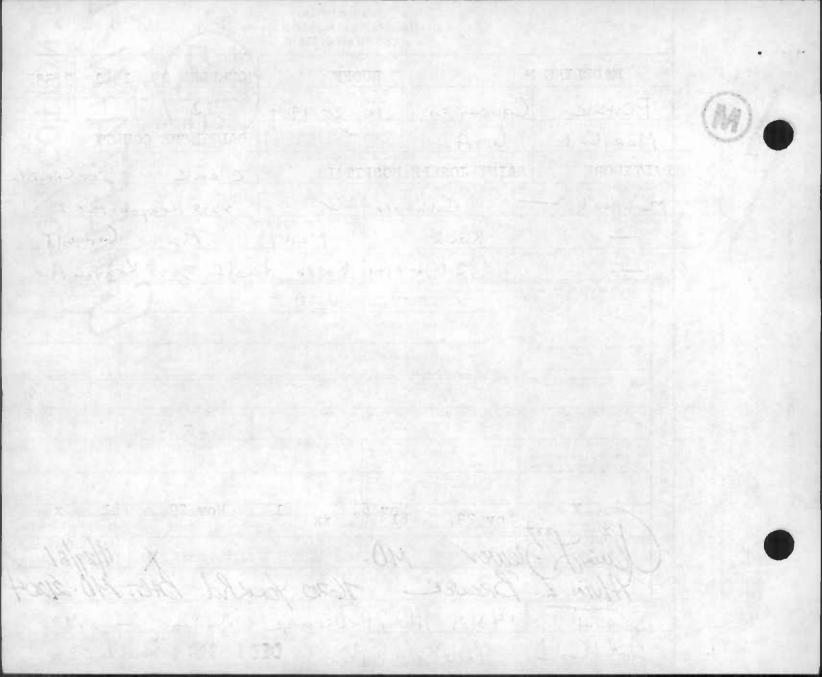
	and allocate terminal to graduate the
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	lens The Committee with the committee of
3. T. Q T. 18 1 230	

OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 haurs after de

TO HOSPITAL OR ATTENDING PHYSICIAN. The I

DHMH 16 50M 1 (VRA 15, 4)

	FOR STATE	DEPARTN	STATE OF MARYLAND LENT OF HEALTH AND MENTAL HY	GIENE &	282	6 1
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO).	
	1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
eath o	(TYPE OR PRINT) MADELINE	M	RUOFF	NOVEMBER	29, 1981	9:33Pm
	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF INDER TYEAR	IF UNDER 24 HRS
(1)	-emale	Caucastan	16 30 1909	72	YRS.	HOURS MIN.
235	Placy (and	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF	E COUNTY	MD
Sontied with	10 CITY OR TOWN OF DEATH BALTIMORE		G HOME OR OTHER INSTITUTION HOSPITAL	120 USUAL OCCUPATION OF THE PROPERTY OF MORE FOR MOST OF		OF BUSINESS OR
bond be	Mary land	OTHER INSTITUTION GIVE RESIDENCE BEFORE	YES NO	13e STREET ADDRESS	envon A	e -
and 2 s	14. FATHER'S NAME	MIDDLE CO CLAST	15 MOTHER'S MAIDEN NA	MIGDLE	Cap	-Rall
Poges	160 WAS DECEASED EVER IN U.S., A (YES, NO OR UNKNOWN) (IF YES O	RMED FORCES? 166 SOCIAL SECUR	1349 Ralph R	usff 33	38 Kenva	a Ave
renamy physical on, ar remaval umatic event, the		only one couse per line for (a) b) and SED BY CEREBRO THE CAUSE (a) DUE TO, OR AS A CONSEQUE	VIIDOOILIIK IIOO IDENI		APPRO 8ETWEEN	XMATE INTÉRVAL I ONSET AND DEATH
nen please remains bury, ar other tra	gove rise to immediate cause IOI, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE	nce of <u>eath</u> but not related to the tera	ainal disease or cond	DITION GIVEN IN PART 1	ō
t permit Thene prior to	JU 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH (OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
indi-fransi intal Hygi fem 18 sh	OR CONTRIBUTION CAUSE OF D	EATH HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART ?)	
s the bu	THE FITHER NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY LATHOME STREET, FACTORY OFFICE FA	RM ETC 1 STREET	CITY OR TOW	VN COUNTY	STATE
far use of Healt		potal) attended the deceased from 19	1981 L , and that in (M) (our) opinion	death occurred on the do	te and hour and from the	that X (we) last
State Dept	The Supplier	newer 1	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	ANX 1/2	9/8/
should be of with the Sto	ANN Z	BREWER	1620 Yo	exhd. 1	AGT. 140	. 21204
	230 BURIAL, CREMATION, REMOVA	12 3 (8) 12 3 (N)	AME OF CEMETERY OR CREM FORY	Sa 1-10	COUNTY	MO STATE
50M 1/81 15, 4)	24 FUNERAL DIRECTOR	4) 10 ADDRESS	250 DA	E REC'D. BY REGISTRAR 7	Share O	TURE



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by this should be detached for use as the bunal-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at other traumatic event. The medical exam

FOR STATE

Potomoville Md. 21222

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

		-				
}	1		8	-	5	1

		REGISTRAR			CERTIF	ICATE OF DEATH		REG. N	0.		
		CEASED NAME FIRST OR PRINT)	RIE	J	RU	TH		20. DATE OF DEATH	MONIH D.	-81	26 HOUR 12:40 PM
	3 SEX	Female	White		S. DATE C		AR S	65 YES	* YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
2		COUNTRY) MARYLAND	U.S. CHIZEN OF	WHAT COUNTRY?	MARRIEI	DENEVER MARRIE		Baltimor			MD.
1	6	oltimore	(IF NOT IN SUC	PACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTIO		20 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWI	F WORKING LIFE		OF BUSINESS OR
7	13a. S	MD Bai		136. CITY OR TOW	VN	13d INSIDE CITY LIM PYES NO	8	3e. STREET ADDRESS 2101 Edm	ondsc	n Aug	0
C		THER'S NAME Karlol	MIDDLE	Greck		15 MOTHER'S MAIDE	ENNAM	MIDDLE		Rachi	
		VAS DECEASED EVER IN U.S. (IF YES, 1)	ARMED FORCES? GIVE WAR OR DATES)	215-05	JRITY NO. -4764	Prototo	dmon iver	idson Ave	Cato	nsvii 1228	le, Ma.
	CERTIFICATION	Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION July 8	DUE TO, OF		ENCE OF DEATH BUT	NOT RELATED TO THE	E TERMIN	VAL DISEASE OR CON 200 AUTOPSY? YES NO RE	20b. IF YES,	WERE FINDI	
	MEDICAL CERT	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (HE EITHER, NOTHEY MEDICAL EXAMINATION OF CONTRIBUTION	DEATH HOUR A.	M. MONTH D	19	21c. HOW INJURY O	CCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PA		STATE
		22a 1 certify that (this has sow the deceased alive obave, (1) (we) (dich (dich 22b. SIGNATURE)	on view the bady	-8-19	81_, an	DEGREE M.D. ATTEND PHYSIC 22e, ADDRESS	pinion de	medical sta	FF	22c. DATE	SIGNED
	(R.D.AA BURIAL, CREMATION, REMOVA SPECIFY BURIAL	11/1.	/		St. Agno EMETERY OR CREMATE Ridge Ce	em.	23d LOCATION CITY OR TOWN Balto	,	COUNTY	STATE Mde
	24 FU	JNERAL DIRECTOR AND 136	Edmondson	ADDRESS ADDRESS			NÔV	12 1981	25b. REGISTR	AR'S SIGNAT	TURE

BP.

DHMH-16 30M 2/80 (VRA 15, 4)

etained by the haspital ar attending physician.

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executed within 24 haurs often certificate deoth requires that the TTENDING PHYSICIAN. The low attending physician

campletely filled in by the funeral director, page 3 is and 2 should be filed within 72 hoars after death

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4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2826

1 - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rgiene 6	28253
1. DECEASED NAME FIRST (TYPE OR PRINT) WILLI		RY AN	20 DATE OF DEATH MON	TH DAY YEAR 126 HOUR
3 SEX Male	1 RACE	S DATE OF BIRTH MONTH DAY YEAR 7 - 15 - 00	6 AGE (IN YEARS LAST BIRTHDAY	Y) IF UNDER 1 YEAR IF UNDER 24 HRS
7a BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		Baltimore CITY OR C	
Catonsville	IN NOT IN SUCH FACILITY, GIVE STREET		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OR INDUSTRY Concerdidation (Concerdidation)
USUAL RESIDENCE (IF NURSING HOMES 130 STATE MORLIAND 14 FATHER'S NAME WILLIAM HE	NTY Baltim	WN 136 INSIDE CITY LIMITS?	13. STREET ADDRESS	cook LAST
160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC 2420325		ADDRESS n G. Ryan 1524	Waverly Way
	DUE TO, OR AS A CONSEON (b) DUE TO, OR AS A CONSEON (c) CONDITIONS CONTRIBUTING TO	a	MINAL DISEASE OR CONDITY	ON GIVEN IN PART 1(0
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		H OPERATION WAS PERFORMED		B. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE	ALT.	DAY YEAR 19 21f LOCATION	IRRED (ENTER NATURE OF INJURY IN	
saw the deceased alive ar above, (l) (we) (did) (did no	nital) attended the deceased from	, and that in (my) (aur) apinio	n death occurred on the date of	, that (I) (we) last and have and from the causes stated
22b. SIGNATURE	lepurus		MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
Daniel Wili	-	3502 W.	Rogers Avenue	
230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE 23c 11-14-1981	NAME OF CEMETERY OR CREMATORY Lorraine Park	23d LOCATION CITY OF TOWN Baltimor	ce COUNTY Maryland

DHMH-16 20M (VRA 15, 4) 7/78

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept of Health and Mental Hygiene prior to burial, crematian, or removal.

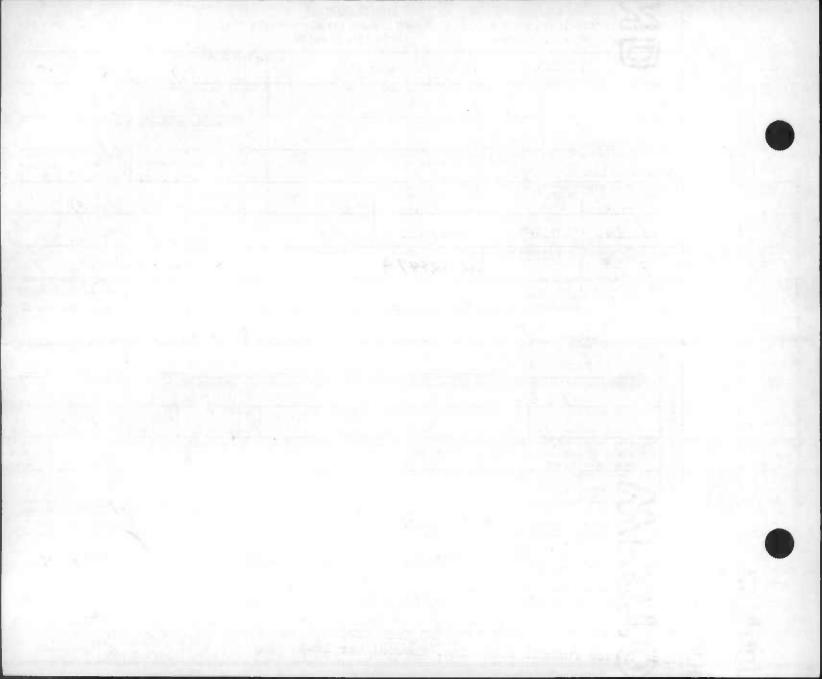
INPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the

BY REGISTRAR 250 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

PA FUNERAL DIRECTOR 1050 YORK ROAD 12:

NAME
Ruck Towson Funeral Home, Inc. Towson, Maryland d NOV



TO HDSPITAL SA ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or attending physician.

executed within 24 hours af

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer shouldbe detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

3	1	2	3	ed.	5	1
	REG NO					

1	1.	STATE REGISTRAR			DEPARTI		ICATE OF DEATH	HYGIEI	NE 🕝		. 0	. 0	á
0		CEASED NAME	FIRST		MIODLE	i.	AST	2	DATE OF DEATH	нтиом	OAY YEAR	26 HOU	R
		ORPRINT	EST	ER	5 F	ALLE	11 12 0 10		Nov		1981	10	AM
	3 SE	х		4 RACE		5 DATE C	OF BIRTH	6.	AGE (IN YEARS LAST BIRTH	HDAY)	MONTHS DAYS		24 HRS
à		MALE		WHIT	E	T50	. 2, DAY 1912 YEAR		69	YRS	MONIHS	HOURS	Mas
19		NEW YORK	FOREIGN		WHAT COUNTRY?	MARRIEI WIDOWE	DIXNEVER MARRIED		BALTIMORE CITY OF	_			MD
55		ITY OR TOWN OF D		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH ACCIUTY ONE STREET ADDRESS GEN. HOSP. 120 USUAL OCCUPATION IT TO SUCH ACCIUTY ONE STREET ADDRESS GEN. HOSP.									
35	13a S	AL RESIDENCE (IF NI STATE MARY LAND	113h COUN	OTHER INSTITUTION OF BALTO.	GIVE RESIDENCE BEFORE BALTIMOR		134. INSIDE CITY LIMITS		*3454 PARGA	AP AS CI		1207	
30	14 FA	SAM	UEL	MIODLE	SALLERSON		AMEL		WIDDEE		UNKal	SWN	
		WAS DECEASED EVI YES, NO DRUNKNOWN)	RIN U.S. AR	MED FORCES?	128-09-		17 INFORMANT 3454 VARG		FLORENCE CIR APT	SALL 2A	ERSON #2120	17	
A CALLERY AND A	CERTIFICATION	Conditions, if of gave rise to a couse (o), sto underlying cau PART 2 OTHER SI	mmediate ting the se last	CONDITIONS CO	is mell	OF ATH BUT	NOT RELATED TO THE T	TERMIN	AL DISEASE OR CONE	20b. IF YE	ES, WERE FIND	INGS USER	
d	E								YES NO		ES [NO [
	MEDICAL CER	210. ACCIDENT WAS IN OR CONTRIBUTING (IF EITHER, NOTIFY MEI 21d INJURY OCCU	CAUSE OF DEA	HOUR A	M. MONTH D	AY YEAR	21c HOW INJURY OC	CURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18.	PART I OR PART 2)		
	MEC	WHILE NOT	WHILE WORK		REET, FACTORY, OFFICE, F	FARM, ETC.J	STREET		CITY OR TOW	/N 2	COUNTY	ST	TATE
		22a.l certify that saw the dece above. (1) (was 22b SIGNATURE	osed olive on	- A	2/ 108		nd that in (my) (auc) opin DEGREE ATTENDIN PHYSICIA:	4G 1/	MEDICAL STAF	F		that (1) (vecauses stated to the courses stated to the course stated to	- '
1		22d. PHYSICIAN'S	NAME (TYPE O	PRINT)	UIN	M.D.	60/PK	14	t for l	Balt	o MD	2/2	15
	23a E	BURIAL, CREMATIO SPECIFY) BUR		NOV . 1	1 4004 -		EMETERY OR CREMATO	ORY	23d LOCATION CITY OR TOWN ROSEDA	LE	COUNTY	STA MI	
5M	24 F	UNERAL DIRECTOR	SOL I		& BROS.		The second second second		EC'D. BY REGISTRAR		TRAR'S SIGNA	TURE	

DHMH-16 25M (VRA 15, 4) 1/79

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the whole mell his some Continue of the second MANIE LINA MA WESTE HE ARE PULLED AND LINE tending physician and campletely filled in by the ve carban popers. Pages 1 and 2 should be filed w

TO FUNERAL DIRECTOR. After this certificate has been signed by the oftending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked at Item 18 shows any injury, or other traumatic event, the m

/	1.	FOR • STATE REGISTRAR	DEPART	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE S	2. 3	8 2.	6 5
		CEASED NAME FIRST Betty	MIDDLE	Sande	ers	November 2	MONTH DAY		45p
	3 SE	× Female	White		OF BIRTH 1 8 1927 YEAR	6 AGE (IN YEARS LAST BIR	YRS IF UN	DER YEAR IF IT	NDER 24 HRS
Z		RTHPLACE STATE OF FOREIGN COUNTRY aryland	76 CITIZEN OF WHAT COUNTRY USA	? 8 MARRIE WIDOW	ED DIVORCED	Baltimore city o	R COUNTY OF D	DEATH	MD.
7	R	ossville 21237	Tranklin Sq.	Hospit	or other institution	120 USUAL OCCUPATION OF MOST OF CUSTODIAN	ON F WORKING LIFE) 11	NOUSTRY DAT TMEN	
L	130 9	Maryland Bal	timore Lssex	410.1		130 SIRST ABRESS	estway N	North	
30	14 F.	ATHER'S NAME FORST Willia	m O'Grady		15 MOTHER'S MAIDEN NAM		Suttuet	h LAST	
	160 V	NAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC 220 22		Paul E. Sand	ers, Husban		Same	
		PART I. DE ATH WAS CAUSE	Aly one couse per line for (a), b, o o D BY TE CAUSE a) Multipl DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU	e Puli	monary Emboli,	Bilateral		approximate Between Onset	INTERVAL AND DEATH
7	ATION	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO		Daniel Land	INAL DISEASE OR CONT	20b IF YES, WE		JSED
7	MEDICAL CERTIFICATION	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that this hospi	P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	FARM ETC)	21t HOW INJURY OCCURR 21f LOCATION STREET	city or to	IN CERTIFYING YES TY IN ITEM 18 PART I C	CAUSES OF D	STATE
1		sow the deceosed olive on obove (1 mg) (did) (3 did)	November 26, 19	81	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	FIAN	22c DAJE SIGN ///26/ 21237	s stoted

234 NAME OF CEMETERY OR CREMATORY
Holly Hill Memorial

Eastern Ave/NOV

Gardens Control

Baltimore Co., Md. STATE

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL

236. DAJE 11/30/81

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describe . A si		gar of Testiff	
to the said the said	TOTAL STATE		
	nered telephone is		
PRUSAN V			X
		A land of the second	*

STATE OF MARYLAND	6.3		- 6	3	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	O	i	En	0	
CERTIFICATE OF DEATH					

CERTIFICATE OF DEATH

REG. NO.

. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
Ma	arv A.	Sanzone	November 16,	1981	
SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Female	White	July 27, 1918	63 YRS	MONTH DATS	HOURS MIN
d. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	* MARRIED NEVER MARRIED			
Penna.	U.S.A.	WIDOWED DIVORCED	Baltimore Co	unty	N
O CITY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION		F BUSINESS O
Colgate	7274 Conley		(TYPE OF WORK FOR MOST OF WORKING LIF Housewife	E) INDUSTRY	

		GIVE RESIDENCE BEFORE ADMISSION) 13t. CITY OR TOWN Colgate	13d INSIDE CITY LIMITS?	7274	Conley	Street	. 212	224
14 FATHER'S NAME FIRST Arthur	MIDDLE	Brown	15. MOTHER'S MAIDEN N		WIDDLE	Not	Known	n
160 WAS DECEASED EVER	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	16b. SOCIAL SECURITY NO.		ughter:	ADDRESS	Balt.,		2122

PART I. DEATH WAS CAUSED	y one couse per line for in the date of Breast Carcinoma Between ONSET AND DEATH BY. E CAUSE (0) Metastatic Breast Carcinoma
Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF
gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	ZUG AUTOPST		RTIFYING CAUSE	
			YES NO		YES	NO 🗌
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCC	JRRED (ENTER NATURE	OF INJURY IN ITEM	18 PART I OR PART 2)	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CI	IY OR TOWN	COUNTY	STATE
220 1 Aife A - A (1) (Ab 1)	entroped the decreed from A in F	1 8 10	81 " Nov	16	10 0 /	that (I) (wa) I

sow the deceased flive on _ obove, (1) (**) (did not)	view the body ofte	8 19 8	and that in (my	, 19 , to Nev / 6	nnd hour and from the couses stated
17h SIGNATURE	7 /	11)/	DEGREE		22c. DATE SIGNED

22d PHYSICIAN'S NAME (TYPE OR PRINT) 11/18/81 22e ADDRESS

Richard Fisher, M.D.

4700 Pennington Ave. Balto. Md.21226

URIAL, CREMATION, REMOVAL	23b. DATE			23c. NAME OF CEN	ETERY	OR CREA	ATORY
Burial	Nov	20	1981	Gardens	of	Fait	h
NERAL DIRECTOR				Balt.	Md.		25a. DA

Baltimore Maryland 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Leonard J. Ruck, Inc. 5305 Harford Rd

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

the buriol-tronsit permit. The ond Mentol Hygiene prior to

hould be detoched for use os with the State Dept. of Health TO FUNERAL DIRECTOR.

morked or Item 18

MPORTANT: If Item 21 is

24 FL

<u>N</u>

68 18 1. 18 1. TAIL AROTS VED VIOLEN Marine Dit was I Commercial Pale, Flat.

/	1	FOR STATE PECISTRAP
		REGISTRAR

STATE OF MARYLAND DEDADTMENT

		01 1111		PILLE			
0F	HE	ALTH	AND	MENT	AL.	HYGIENE	1
RT	IFI(CATE	OF	DEATI	Н		

09	15			
d'a	3	10	D	3

1	1 -	STATE REGISTRAR			DEFARIN	CERTIFICATE OF DEATH									
	1 DECEASED NAME (TYPE OR PRINT)		FIRST		MIDDLE	LAST		20 DATE OF	DEATH	MONTH	OAY	YEAR	12 V	-	
	Anna			Catherine		Sause					11	11	81	10%	И
	Female			4 RACE		5 DATE OF BIRTH		6 AGE IN YEA	ARS LAST BIR	HDAY)		ERIYEAR	IF UNDER 24 HRS		
				White		8 26 03		78		YRS	MON'HS	DAT_	HUJRS MIN.		
2	TO BIRTHPLACE SATE ON FOREIGN			76. CITIZEN OF WHAT COUNTRY?		8 MARRIEI	MARRIED NEVER MARRIED		9 BALTIMORE CITY OR COUNTY OF DEATH						
2	MD			U.S.A.		WIDOWED DIVORCED		Bali	timor	e Co	ounty	1	M	٥.	
0		Baltimore		11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A 3709 Coronado		ADDRESS) Road		TYPE OF WORK F		WORKING		KIND O DUSTRY	F BUSINESS OF		
5	13a S	AL RESIDENCE (FN) STATE MD	136. COUP Balti	YTY	130 CITY OR TOW Baltimor	N	YES 🗌	CITY LIMITS?		DDRESS 9 Cor	onad	lo Ro	pad		
,	14 FA	THER'S NAME		MIDDLE	LAST 77 - 7 7		15. MOTHER	R'S MAIDEN NA	WIOOFE				(AST		
94	Henry 16g WAS DECEASED EVER IN U.S. A			Otto Hell				Anna	ADDRESS			Wagner			
		vas deceased eve yes, no or unknown) No		MED FORCES? /E WAR OR DATES)	166 SOCIAL SECU		370:	Mr. 9 Corona	Frederi	ick J Bal	. Sa	use re,	MD	21207	
		18 CAUSE OF DEA	WAS CAUSE	Ď BY.	line foryo 1b ala	m	MANA	dut	Rodge	the	n		APPROXIV BETWEEN C	MATE INTERVAL	_
		410	IMMEDIA!	DUE TO, OF	AS A CONSEQUE	NCE OF	VID	yww.	1	cour	V		10	lina	
		Conditions, if ony, which gove rise to immediate					3.600			/			10	gre	
		couse o stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF													
	NO	PART 2 OTHER SI	GNIFICANT	CONDITIONS CO	INTRIBUTING TO D	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE	OR CONI	OITION	GIVEN IN	PART 110		-
100	CERTIFICATION	19a. DATE OF OPER	RATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTOP	SY?	20b. IF Y	ES, WER	E FINDIN	GS USED OF DEATH?	-
	RTIFI		MIN						YES 🗌	NO		YES 🗌	CAUSES	NO [
		OR CONTRIBUTING	CAUSE OF DE	477	M. MONTH DA	Y YEAR	21c. HOW	njury occure	RED (ENTERNATU	IRE OF INJUR	Y IN ITEM	8 PART I DE	R PART 2}		
	MEDICAL	21d INJURY OCCU	WHILE	21e PLACE (OF INJURY SET, FACTORY OFFICE FA	ARM ETC.)	211 LOCAT			EITY OR TO	VN /	cc	YINUC	TATE	
		220.1 certify that (1) (this haspital attended the deceased from 19 19 10 11/11 19 10 10 11/11 19 10 10 10 10 10 10 10 10 10 10 10 10 10													1
	-	above, ilifwe	(did) (did no	t view the body	offer death			/ (our opinion o	aeoin occurred	on the do	te and h				
		226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIRE													
		PR M	PR MAURICE FELDER JR LLIO CROSS COUNTRY BLUK												
	23n B	URIAL CREMATION	N DEMOVAL	225 DATE	123. N	LAME OF C	EMETERY OF	CREALATORY	Tast LOCAT	ION					=

BP.

TO FUNERAL DIRECTOR should be detached for with the State Dept of

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If them 21 is marked at Item 18 shows any

Burial

11/14/81

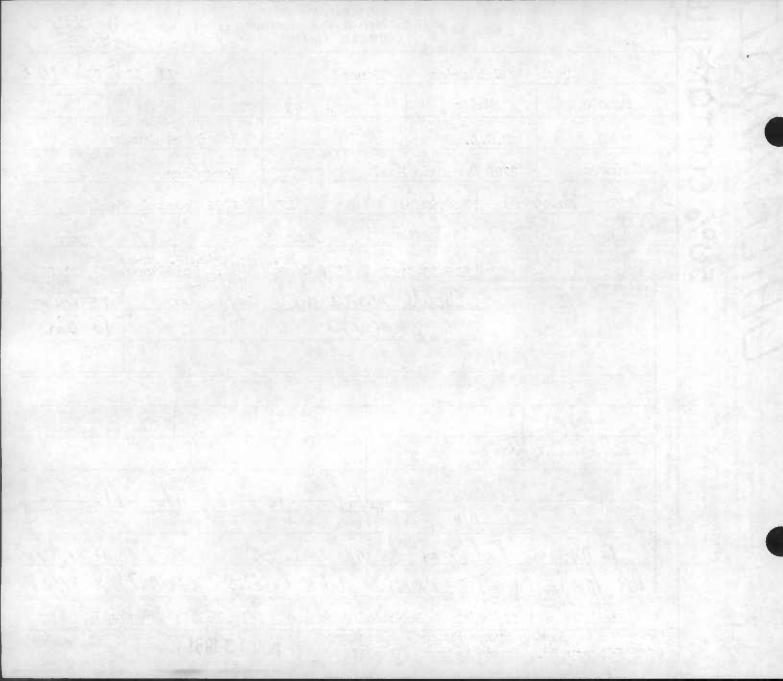
Parkwood Cemetery

Parkville

Baltimore

Loring Byers Funeral Directors 8728 Liberty Rd., Randallstown, MD

NOV 13 1981 Commence Sugar Parther



STATE OF MARYLAND

DEPAR

TMENT	OF	HEA	LTH	AND	MENTAL	HYGIE
CE	RTI	FIC	ATE	OF	DEATH	

2 8

-	-	REGISTRAR			CERTIF	ICATE OF DEATH	REG. I	NO				
		CEASED NAME FI	RST	AIDDLE	L	AST	26 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR		
1	(ITPE	AIH	L. 50	HELL.	FR		NOV.	241	981	M		
	3 SEX		4 RACE			OF BIRTH	& AGE (IN YEARS LAST B	RTHDAY	IF UNDER I YEAR	IF UNDER 24 HRS		
		M	N		MONTH	17/14 YEAR	67	YRS	MONTHS DAYS	HOURS MIN		
		RTHPLACE (STATE OR FOREIC	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	_				
4	16 (01)	TA.	USA	10503244 4 110534	WIDOWE		DHLIC		CUNT	126 KIND OF BUSINESS OR		
_	. 0	TY OR TOWN OF DEATH		HEACILITY, GIVE STREET		OR OTHER INSTITUTION	128 USUAL OCCUPA (TYPE OF WORK FOR MOST		LIFE) INDUSTRY			
		AKROWS 1	7333	, , , , , , , , , , , , , , , , , , ,	2 m A	7 N	1		PER	1.60		
1	13e S	AL RESIDENCE (IF NURSING)	COUNTY	13c. CITY OR TOW	ADMISSION)	134 INSIDE CITY LIMITS?	13R STREET ADDRESS	3115	11 000			
4	IA FA	THER'S NAME	BALTO	SPARAOUS	//	YES NO LA	/338	VVII	LOMA	IV'		
Z	11.10	E E OR GE	MIDDLE	HEL E	2	FIRST	U, NE MIDDLE		ŁAS	T .		
		VAS DECEASED EVER IN L	J.S. ARMED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT		RESS				
	{4	ES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	VAL		MARGARE	T SCHE	ELLE	RA	BOVE		
		IR CAUSE OF DEATH	inter only one couse per	line ar 191, iby and	lic 1/	110	7 -		BETWEEN	MATE INTERVAL DINSET AND DEATH		
1		PART I. DEATH WAS	MEDIATE CAUSE (0)	ustable	M	occided in	mounden					
		4100	DUE TO, OI	R AS A CONSEQUE	NCEOF	1 5 M	10000					
		Conditions, if ony, which gove rise to immediate										
1		cause (a), stating		R AS A CONSEQUE	NCE OF							
1		(c)										
	NO	PART 2 OTHERS GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I								0,		
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
1	TIFIC	A PLANTER					YES NO		TES [NO [
		21a. ACCIDENT WAS UNDERLY		FINJURY M. MONTH DA	V VEAD	216 HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM IS	, PART 1 OR PART 2)			
	CAL	OR CONTRIBUTING CAUS	COLDENIA		19							
	MEDICAL	214 INJURY OCCURRED	21e PLACE (OF INJURY EET, FACTORY, OFFICE, F	ARM. ETC 1	TIL LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE		
	~	WHILE NOT WHILE AT WORK			11			15	4			
		220 1 certify that (1) (thi	211	1 1	17	66 19_		-1-1	./19	hat (I) (we) last		
		obove diffe) (dhe)	(did not) Niew the body	after death.		nd that in (my) thur) opinion	death occurred an the	date and ha				
		27h SIGNATURE	11.00	len. 1	00	ATTENDING	MEDICAL ST.	AFF	220 DATE	SIGNED		
4		22 PHYSICIAN'S NAME	ane IN	of men	my	PHYSICIAN [DIRECTOR PHYS	ICIAN	1//	23 0/		
		J.	N121	JIK		729 5 CO	heste st	- 7	2/23			
	23a B	URIAL, CREMATION, REA	. /	23c N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE		
	C	REMATIO	N 11/25	18 5	ECU	RITY PROCE	SS BAI	170.	M	W.		
	24 FL	INERAL DIRECTOR		ADDRESS		250 DAT	e rec'd. By registra	RASH REGIS		URELACTO		
	J	.G. CONN	ELL	300	mi	9 CE Ut	7 1301	4.7-4	0			

DHMH-16 25M (VRA 15, 4) 1/79

TOFUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ATTENDING PHYSICIAN

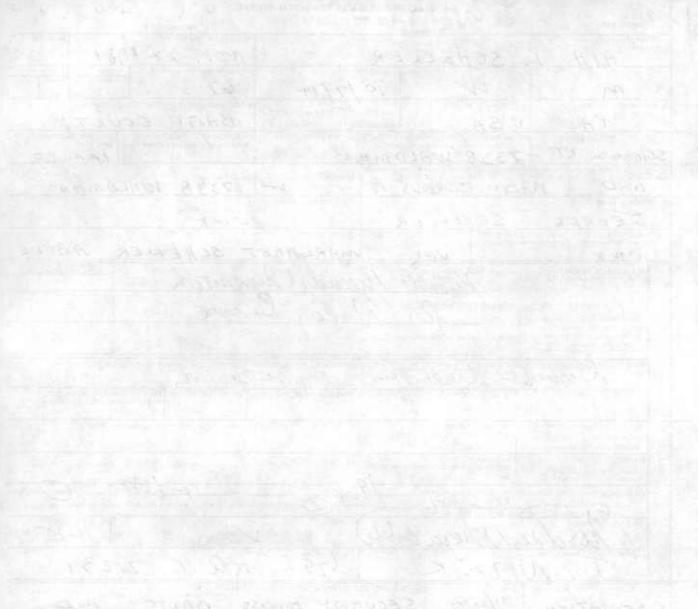
TO HOSPITAL OR ATTENDING PHYSICIAN retained by the hospital or attending physician

BP.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

FOR

or, page 3 fter death



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages 1 and 2 is with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

		FOR	
1	-	STATE	
		REGISTRAR	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6	di di	7)	8	 5	7
	DEC NO				

REGISTRAR			4211111		REG	NO.			
I. DECEASED NAME FIR	M. T	IDDLE	1	AST	20 DATE OF DEAT	H MONTH D	AY YEAR	26 HOUR	
Pear	1		Schla	ag	November	5, 198	1		
1 SEX	4 RACE		5 DATE C		6 AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24	
Female	White	e	Jul	28, 1887	94	YRS.	ONTHS DAYS	HOURS	
IN BIRTHPLACE (STATE OF FOREIG	N 76 CITIZEN OF W	HAT COUNTRY?	8		9 BALTIMORE CIT		OF DEATH		
Maryland	U.S.	A.	WIDOWE	D NEVER MARRIED D	Baltin	more Cou	nty		
10. CITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUP		126 KIND C	F BUSINES	
Towson	Valley	Nursing	& CO.	nvalescent	Housewi	E OF WORKING LIFE	INDUSTRY		
USUAL RESIDENCE HE NURSING HE	TE OR OTHER INSTITUTION, O	GIVE RESIDENCE BEFORE ADMISSION)			1				
Maryland		Baltimor		13d INSIDE CITY LIMITS?	13º 4400 Are	bia Ave			
14. FATHER'S NAME				15. MOTHER'S MAIDEN NA	ME				
Frank	WIDDIE	Phoebus		? FIRST	\$ widdf	E	? LAS	T.	
160 WAS DECEASED EVER IN U.S. ARMED FORCES?		166 SOCIAL SECU	RITY NO.	17 INFORMANT	AD	DRESS			
(YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)		219-32-	2-0631 Mrs June Weidner 21			114 Tayl	or Ave		
PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYII	ANT CONDITIONS COI						F YES, WERE FINDINGS USED RRIFFING CAUSES OF DEATH?		
210. ACCIDENT WAS UNDERLYI	G 21b. TIME OF	DE INTITION		1214 HOW IN IURY OCCUR	YES NO YES TERMINED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR P.			NO 🗌	
OR CONTRIBUTION CALLER	OF DEATH HOUR A.M	MONTH DA	YE AR	THE HOW WYJOKY OCCOR	KED (ENIER NATURE OF	NJURT IN HEM 18 PA	KI I OK PAKI 2)		
(IF EITHER NOTIFY MEDICALEX 216 IN JURY OCCURRED	21e, PLACE O		19	21f. LOCATION			4		
WHILE NOT WHILE [ET FACTORY, OFFICE, FA	ARM ETC)	STREET	CITY O	RIOWN	COUNTY	STAT	
	hamital) attended the	deceased fram.	Ser	t- 19- 8	1 ta 11-5	1	9 81	that (1) (wa	
saw the deceased ali	270 I certify that (I) (the horizon) attended the deceased fram								
226 SIGNATURE	III nar view the body o	rier death	[DEGREE			22c. DATE	SIGNED	
Marion	·Kowa	lewila	4-	ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN [11-0	6-81	
22d PHYSICIAN'S NAME	KOWAL	FINCKI		22e ADDRESS					
Marion	Kowaluiski	M.D.		8604 Harfo	rd Rd	Baltimo:	re, Mai	ryland	
230. BURIAL, CREMATION, REMO			AME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	J STAT	
Burial	11/9/	/81	Park	rwood	Balti	more, Ma	aryland	d SIA	

270<u>BP</u> DHMH-1650M1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

Leonard J Ruck Inc. Baltimore, Maryland

NOV 6 1981 James Can lather

,	1			STATE OF MARYLAND		
/	1-	FOR - STATE REGISTRAR	DEPARTN	MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE 5 1	8 2 7 0
(CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR
)	(Carl	R	Schmidt	11 1	10 81 0:20A
	3 SE	X	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
		Male	White	3 3 1894	87 YRS.	MONTHS DATS HOURS MIN
ė ,		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
355		Md.	USA ,	WIDOWED DIVORCED	Balto. Co.	
O Profit	(IF NOT IN SUCH FACILITY, GI			IG HOME OR OTHER INSTITUTION ADDRESS) CAN Home	126 KIND OF BUSINESS OR INDUSTRY	
24 De	USU/ 13a. S	AL RESIDENCE (IF NURSING HOMEOR STATE 131 COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOWN		136. STREET ADDRESS 3626 Elkad	en Poad
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E 00		George	Schmi o	t Katharine	WIDDLE	Hilgärtner
0		WAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SECUL	RITY NO. 17 INFORMANT	ADDRESS	Kansas
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or other troumatic event, t		Conditions, if any, which gave rise to immediate cause ia stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	Indiopulmo Ence Cardiac Enteros cleratu	Mary arrest	BETWEEN ONSET AND DEATH
Violei	NO	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO D	<u>DEATH</u> BUT NOT RELATED TO THE TERM	minal disease or condition Gi	VEN IN PART 1(0)
Sons on	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	operation was performed	IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	4161	YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2)
orked or II	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
M 21 12 m		saw the descased olive an	tal) attended the deceased from	, ond that in (my) (our) epinion	death accurred on the date and had	19 that the (we) last ur and from the couses stated
II. II Her		77h SIGNATURE		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
OKIA		NA T	R	22e ADDRESS 501	O york Road.	

DHMH - 16 50M 7/77 (VR A 15 (4))

23b. DATE 11/13/81

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

231 NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN Balto.

COUNTY

STATE Md.

St. John's Cemetery Balto. Co.,

Date RECT, BY REGISTRAN 25th REGISTRAN SIGNATURE

1/NO 18/1981 Transcription

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OR ATTENDING PHYSICIAN: The law

TO HOSPITAL

etained by the hospital or attending physician.

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	1	FOR		DEPART	MENT OF H	HEALTH AND MENTAL HYG	IENE O	Sino (0 4	1 1	
	1.	STATE REGISTRAR			CERTIF	FICATE OF DEATH					
	1 DE	CEASED NAME A FIRST		MIDDLE		i ast	REG. N	O. MONTH DAY	YEAR 2		
		OR PRINT)	2		50	1 -	20. DATE OF DEATH	MONTH DAT	D /	IN HOUSO	
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	3. SEX		4 RACE			OF BIRTH	6 AGE IN YEARS LAST BIR	THDAY) IF IJA	NDER I YEAR I	HOURS MIN	
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1		altimore	USA	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF	DEATH		
9					WIDOW	ED TO DIVORCED	0/12	10 CO	UNI	Y MD.	
12	10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME (OR OTHER INSTITUTION	12a USUAL OCCUPATI		26 KIND OF I	BUSINESS OR	
U		106050 N	MA	TOR CA	PE-	XUXTON	Seamstre		-		
1	139:5	IL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS				
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	14 FA	THER'S NAME		12 O 1 1 y 1.		15 MOTHER'S MAIDEN NAM		2 11 11	,1	Mo	
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		No -		212-01-	9608	Margaret M	CLearv. 17	Haddi	ngtor	Rd.	
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		IMMEDIA	TE CAUSE (a)	MERNIE	uc	C11 0/ 13 x1	caay				
		1889	DUE TO, OR AS A CONSEQUENCE OF								
		Conditions, if any, which	(b)_								
		gave rise to immediate cause (a), stating the	DUETO	R AS A CONSEQUE	NCE OF						
10		underlying cause lost.	(15)					V I			
		PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OF CON	DITION GIVEN I	NI DADT 1 a		
	Z			OTTAIN OF TO E	222111	TOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN	VIARITG.		
	CERTIFICATION	190 DATE OF OPERATION	110h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b IF YES, WE	DE EINIDING	CHEED	
4	FIC.	THE DATE OF OFERATION	178 CO140	HOW TOR WHICH	OTERATIO	IN WAS PERFORMED	200 AUTOFST	IN CERTIFYING	G CAUSES O	F DEATH?	
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1	CE	210 ACCIDENT WAS UNDERLYING		OF INJURY M. MONTH DA	V VEAD	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I	OR PART 2)		
1	AL	OR CONTRIBUTING CAUSE OF DE	1111		19						
1	MEDICAL	21d INJURY OCCURRED	-	OF INJURY	- 17	211 LOCATION					
	ME	WHILE NOT WHILE	(AT HOME ST	REET, FACTORY OFFICE F	ARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE	
		AT WORK AT WORK									
		220 I certify that (I) (this hospi	11/10	e deceased from_	07	. 19	, to			ot (II (we) lost	
		saw the deceased alive on obove, (1) (we) (did) (did no	t) view the body	alter death	, 01	nd that in (my) (our) opinion d	death occurred on the do	ite and hour and	from the co	uses stated	
		226 SIGNATURE	1.			DEGREE			22c. DATE SIG	GNED	
			UL	kra. l	1.0.	ATTENDING	MEDICAL STAF				
-		22d. PHYSICIAN'S NAME TYPE O	IN PRINT!	-/ 12		22e. ADDRESS	DIRECTOR PHYSIC	IANL			
	11.5		iar Par	rra		ITE. ADDRESS					
		DI. UCI.	Lai Iai								
		URIAL, CREMATION, REMOVAL	23b. DATE	23¢ N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION				
		Burial	11/2	1/81 H	olv F	Redeemer	Baltimo	re. Ma	rylar	nd STATE	
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Brehms Lane, Balto., Md. 21213

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
NOV 201001 Perces San Vather

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely trilled in should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked or them 18 shaws any injury, ar other traumotic event, the medical exam

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FOR STATE REGISTRAR

I. DECEASED NAME

	RAYN	OND M. SCHNEID	ER		November 4, 198	31	٨	
3 S		RACE	5 DATE OF BIRTH	YEAR	AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UI	NDER 24 HRS	
	Male	White	9 01	1892	89 YRS		7.5.5.	
2/ 70.1	BIRTHPLACE (STATE OR FOREIGN 76 WISCONSIN	U.S.A.	MARRIED NEVER	MARRIED -	BALTIMORE CITY OR COUNTY			
80		. NAME OF HOSPITAL, NURSIN	all family	VORCED	Baltimore Co		ME	
90	Catonsville	Summitt Nursi	ng Home	IIIOIION	12a USUAL OCCUPATION (TYPEOF WORK FOR MOST OF WORKING LIF Retired Organis	12b. KIND OF BUS INDUSTRY	SINESS OR	
BIM	UAL RESIDENCE (IF NUR STATE aryland	ER INSTITUTION GIVE RESIDENCE BEFORE 13. CITY OR TOWN FLKTIGE	ADMISSION) N 13d INSIDE C YES	ITY LIMITS? 1	50 STREET ADDRESS Lawy	ers Hill F	load	
	late John J. Sch	eider		s MOTHER'S MAIDEN NAME late Margaret LAST				
	WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE W				ADDRESS 21227 Schneider 6011 Old Lawyers Hi			
ent, the	18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED I	one couse per line for (0), (b), one	r. 1 as	s evin		APPROXIMATE BETWEEN ONSET	NTERVAL AND DEATH	
ar ather traum	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	ano	de p	noumonite			
Hygiene prior to but 8 shows only injury.	PART 2 OTHER SIGNIFICANT CO	196. CONDITION FOR WHICH			200 AUTOPSY? 206. IF YES	S, WERE FINDINGS (FYING CAUSES OF D		
or Item 18 sho	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	JURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM IB P		<i>'</i>	
MED!	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, F)	ARM, ETC) 21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE	
m 21 is mo	220.1 certify that (I) (this hospital sow the deceased alive on obove, (I) (we) (did) (did not) v	10/3 19		(our) opinion de	to 10/4.			
± ± ±	226. SIGNATURE	15 E Prove	DEGREE A	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/4	18/	
e E	1 4 .04 (5 F. Ka	ult Se	umm	it Nurs	ing How	ne	
A POAM	VAM.E	2 2 . / \ 0	- 0-			-		
	BURIAL, CREMATION, REMOVAL BURIAL SPECIAL BURIAL FUNERAL DIRECTOR		AME OF CEMETERY OR C	netery	23d LOCATION CITY OF TOWN CLEVEL and Oh REC'D BY REGISTRAR 25b, REGIST		STATE	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

MIDDLE

REG. NO.

20 DATE OF DEATH MONTH DAY YEAR 26 HOUR

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STATE OF MARYLAND									
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	-								
CEDTIFICATE OF DEATH									

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1	1 -	FOR STATE REGISTRAR		DEPART		EALTH AND I	MENTAL HYG DEATH	IENE 8	NO.	8	4.	1	ú
	1 DEC	EASED NAME FIRST	N	HDDLE	L.	AST		28 DATE OF DEATH	MONTH	DAY	YEAR	2b HOU	R
	(ITPE	Nancy		C.	Schu	eler			11	24	81	7.5	DAN
	3 SEX		4 RACE		5 DATE C			6 AGE (IN YEARS LAST	BIRTHDAY	-	DER I YEAR	IF UNDER	24 HRS
		Female	Wh	ite	MONTH 10		1913	6	8 YRS	MONTH	5 DAYS	HOURS	MIN
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF V	VHAT COUNTRY?	8	D NEVER	AARRIED [9 BALTIMORE CIT	OR COUN	TYOFD	EATH		
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)		Catonsville	(IF NOT IN SUCH	OSPITAL, NURSING STREET Sisters	ADDRESS]			12a USUAL OCCUP (TYPE OF WORK FOR MO Unknow	T OF WORKING		KIND O IDUSTRY	F BUSINE	SS OR
5		L RESIDENCE (IF NURSING HOME OR TATE 134 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 136 CITY OR TOW Baltim		13d INSIDE C	ITY LIMITS?	13e STREET ADDRES 4223 Eu	siclid A	Ave.		138	
9	14 FA		MIDDLE homas	Ellard			MAIDEN NA	WE		Lam	bert		
	16a V	AS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	IRITY NO.	17 INFORMA	NT	ADI	DRESS				
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	NOI	Canditions, if affy, which gove rise to immediate cause 10., stating the underlying cause last	(c)	Herberry	ENCE OF	NOT RELATED	+	now Teme		IVEN IN	PART 110		
7	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY2	IN CERT		RE FINDIN CAUSES		H?
1		2 to ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216 TIME OF HOUR A.A	M. MONTH D	AY YEAR	21c. HOW IN	JURY OCCURE	RED (ENTER NATURE OF 1	1	- Land	PART 2)		
	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME, STRI	OF INJURY EET, FACTORY, OFFICE, F	FARM, ETC.)	21f. LOCATION STREET	N	CITY OR	TOWN	CC	VINUC	ST	ATE
		22a I certify that (I) (this haspi saw the deceased alive an abave, (I) (we) (did) (did na	11.20	194			(our) opinian	ta ta //- & deoth accurred an th	e dote and he		from the		
	H	226. SIGNATURE	ely (Interv	el el	שניון		MEDICAL S DIRECTOR PHY	TAFF SICIAN []		11.2	4.47	1
		22d. PHYSICIAN'S NAME (TYPEO		1083		120 ADDRES		leu Clu	rice h	la./	Bol	toza	122
	23e. B	URIAL, CREMATION, REMOVAL Burial	23b. DATE 11/27			edral		23d. LOCATION CITY OR TOWN Baltimor	e	COUN		ry 1a	nd

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

Baltimore NOV 25 (REGISTRAB 25) FEGILIFA VALUE NATIONALIS

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TO HOSPITAL OR ATTENDING PHYSICIAN The low

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH

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	REGISTRAR							REG. NO.		
	CEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR CA
1,,,,,		arie		C.	Schw	alenberg		November 26, 19	981	104
3 SE			RACE		5 DATE C	OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF LINDER TEAR	
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7a B	IRTHPLACE SATEOR	FOREIGN 71		WHAT COUNTRY?	8			9 BALTIMORE CITY OR COUN	TY OF DEATH	
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14 F4	Maryland ATHER'S NAME	Dair	imore	Towson		YES NOX	and a	1114 Stevenson	n Lane	
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(WAS DECEASED EVER YES, NO OR UNKNOWN)		VAR OR DATES)	166 SOCIAL SECT		17 INFORMANT				
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FF	11000							IN CERT	TIFYING CAUSES	OF DEATH?
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	OR CONTRIBUTING	CAUSE OF DEATH		M. MONTH D	AY YEAR	The result is source	CCORRE	TO TEMBER NATURE OF INJURY IN THE MILE	PARTION PART 2)	
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	sow the decease	ed alive on did) (did not):	view the body	ofter death.	, or	nd that in (my) (asser) of	pinion de	eoth occurred on the date and ha	out and from the	couses stated
	226 SIGNATURE				-	DEGREE			22c DATE	SIGNED ,
	Kellan	1/0-1	100	Journe	Alla	ATTEND		MEDICAL STAFF DIRECTOR PHYSICIAN	11/3	-7/M
1	22d PHYSICIAN'S NA	AME (TYPE OR P	RINT)	of front		22e ADDRESS	INIT LT	- DIRECTOR LI PRINSICIARE		1/9/
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220 5	Charles BURIAL CREMATION				NAME OF S	1 7501 Yor			ryland 2	1204
	(SPECIFY)		23b. DATE			EMETERY OR CREMA		23d LOCATION CITY OR TOWN	COUNTY	STATE
LBI	urial		Nov.30	. 1981 H	loly R	edeemer Ce	mete	ry Baltimore,	Maryl	and

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

ADDR: 1050 York Road Ruck Towson Funeral Home, Inc. Towson, Md. 21204

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	TO HOSPITALES ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Peg	retained by the Hospital of attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral d	should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hd in	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	TO	<u>.</u>	TO	sho	-S

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEN

LAST

SCHWARTZ

5. DATE OF BIRTH

CERTIFICATE OF DEA

TAL HYG	BIENE & I	de l	5 .	- 1	2
in.	REG. NO.				
	NOV. 17,1981	OAY	YEAR	26. HOU 9:5.	
	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HR5
98	82 YRS	MONTHS	DAYS	HOURS	MIN
RIED 🗆	BALTIMORE CITY OR COUNT				
CED [BALTIMORE C O	UNTY			MD.
TION	120 USUAL OCCUPATION (TYPE OF WORKING L TALLOR	IFE) LIND LA	KIND O	FBUSIN	ESS OR THIN

DEC. MALE WHITE TO BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MAR CRUSSIA USA WIDOWEDK 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITU PIKESVILLE NURSING HOME PIKESVILLE

4 RACE

LOUIS

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION RANDALLSTOWN

SCHWÄRTZ

D.

13d WSIDE CITY LIMITS? NO T 15 MOTHER'S MAIDEN NAME

3721 PIKESWOOD DR. (21133)

MIDDLE

14 FATHER'S NAME ISÁAC 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES, NO OR UNKNOWN

FOR

- STATE

3 SEX

CERTIFICATION

MEDICAL

MPORTANT:

DHMH-16 25M

REGISTRAR

DECEASED NAME (TYPE OR PRINT)

MARYLAND

166 SOCIAL SECURITY NO 216-07-5896

MR. JOSEPH ABCHWARTZ 17 INFORMANT 11302 WOODLAND RD.

LUTHERVILLE. MD

206 IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

LAST

UNKNOWA

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

THE OF CLEANION	Par	end		YES NOX
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.		23c HOW INJURY OCCU	RRED (ENTER NATURE OF IN)
214 INJURY OCCURRED	210 PLACE OF INJURY		211 LOCATION	CITY OF IC

18h CONDITION FOR WHICH OPERATION WAS REPEOBLED

YES T RY IN ITEM 18 PART 1 OR PART 21

NOT WHILE T WORK 220 I certify that (1) 4this hospital) attended the deceased from sow the deceased alive on_

and that in (my) four) opinion death occurred on the date and haur and from the causes stated

224. DATE SIGNED

NO F

STATE

226. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OF PRINT)

22e ADDRESS

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN TO DIRECTOR PHYSICIAN

23d. LOCATION

11/17/81 RANDALLSTOWN, MD

MORTON J. ELLIN, M.D.

23b. DATE

abave (1) (we) (did) (did not) view the body after death

5310 OLD COURT RD.

21133 STATE

SPEBURIAL NOV.19,1981

ANSHE EMUNAH(AITZ CHAIM 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

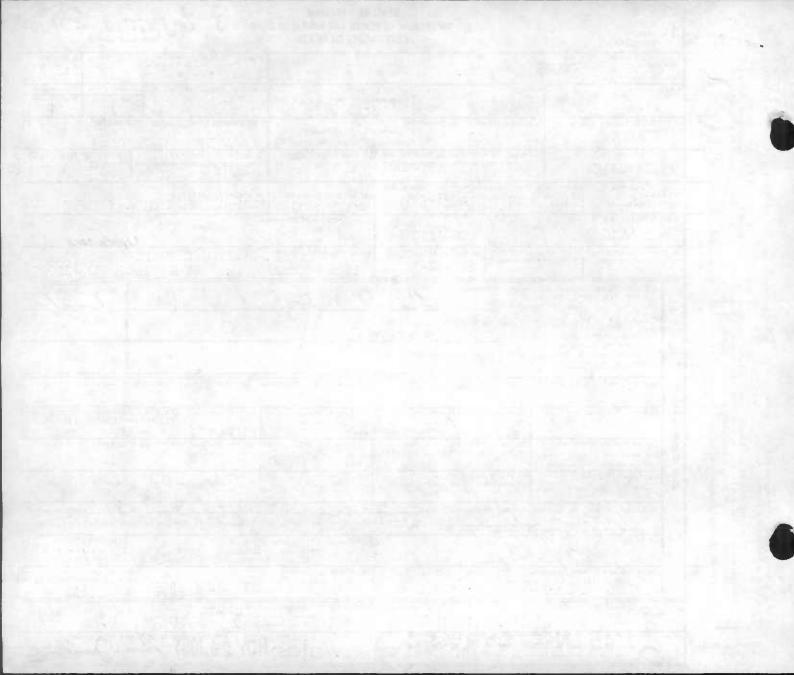
23c NAME OF CEMETERY OR CREMATORY

BALTIMORE, MD.

24 FUNERAL DIRECTOR (VRA 15, 4) 1/79

230 BURIAL, CREMATION, REMOVAL

SOL LEVINSON & BROS 6010 REISTERSTOWN RD. BALTIMORE, MD.



		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	. HYGIENE
IRST	WIDDLE	LAST	20.

1 -	FOR STATE REGISTRAR			DEPARTA	NENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 3 1	4.4	8 2	1	6
	EASED NAME	FIRST		Grand	_	Scott	20. DATE OF DEATH	MONTH DAY	VEAR 87	26. HOUR	5P
SEX	Male		RACE	hite	5. DATE C		6 AGE (IN YEARS LAST BIR	THOAY) IF UN MONT	H DAYS	HOURS	MIN.
CC	THPLACE (STATE OR PUNITRY) rth Carol		U.S.	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore CITY C	_			MD.
,	y or town of de. Towson		Manor Manor	Care Ru	address)	, Balto. Co.	(LYPE OF WORK FOR MOST OF Sales Sup		26 KIND OF NOUSTRY F 00	_	SSOR
13a ST	aryland	136 COUN		GIVE RESIDENCE BEFORE 13 CITY OR TOW Luther v		13d. INSIDE CITY LIMITS?	131 605 Bell	ona Ave	2109	3	
4 FAT	James	Ď	a y	Scot	t	15. MOTHER'S MAIDEN NAM Helen	ME MIDDLE		Mc.	Lean	1
60 W	AS DECEASED EVER S NO OR UNKNOWN)		NED FORCES? WAR OR DATES)	213 09 (6969	Mrs. Phyllis	s C. Scott		llona	Ave	,
	8 CAUSE OF DEAT PART I. DEATH W		BY:	/ D /	iáe	Jacline	v /	\	APPROXIM BETWEEN O	ATE INTERV	ZAL DEATH
	Conditions, it only gove rise to imm couse (o), statir	mediate ng the	DUE TO: OF	esterio AS A CONSEQUE	NCEOF	Ate Carde	las cus	lav de	end		
	PART 2 OTHER SIGI		ONDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	inal disease or con	IDITION GIVEN II	N PART I (a		
FIC	9a DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING			
ERT	10. ACCIDENT WAS UNI	DERLYING T	216 TIME OF	FINJURY		21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)		

21g. ACCIDENT WAS UNDERLYIN HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

P.M 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

211 LOCATION

CITY OR TOWN

22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on above, (1) (we) (did) (did not) view the body after death

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22b. SIGNATURE

21d. INJURY OCCURRED

3 SEX

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puo

remove carbonpapers. Pages

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TO FUNERAL DIRECTOR. After this certificate has been signed be should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial.

ar remay

other frour

shows

or Item 18

marked

If Item 21 is

MPORTANT:

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c DATE SIGNED

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

KEES WALTER

22e ADDRESS

Monkton, Md 2/11/

23a	BURIAL,	CREMATION,	REMOVA
	(SPECIFY)		

23b DATE 28 NOV 81 23c NAME OF CEMETERY OR CREMATORY

Towson, Maryland

BP Burial 24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

Prospect Hill Cemetery 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/B1 (VRA 15, 4)

	TT->2	
	Serve and the serve	
18	PERPLYLET STAN	212 /21
week square and a Mar		
		one part
Devolution of the A.T.	i and the same of the contract	
The college de week	alway Sty Order	
10 A.S. W.	gray B	
	Kaldwir Keen HD	
165 Mil 2101		30
College Descriptions		

TO FUNERAL DIRECTOR. After this certificate has been signed by the ortending physicion and completely should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the medical

IMPORTANT: If Hem 21 is morked or Hem 18 short

e funeral director page 3

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Even	8	3	1	
Licen	C)	0.04	-	1

1	REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO.			
	CEASED NAME	FIRST		AIDDLE	l.	AST		20. DATE O	FDEATH MONTH	DAY	YEAR	26 HOUR
	ON PRINTING	George	e		Se	eidl			Nov.	9,	1981	3:30A M
3. SE	X		4. RACE		5. DATE C			6 AGE (IN)	YEARS LAST BIRTHDAY)		NOER I YEAR	# UNDER 24 HRS
	Male		Whit	e	Dec.	28 DAY	1898	8	2 vi	RS.	HS DAYS	HOURS MIN.
70. B	IRTHPLACE (STATE O	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8				RE CITY OR COU		DEATH	
	Maryland		II C	.A.	WIDOWE		MARRIED		. 1 + i =	Com	a day y	44.0
	ITY OR TOWN OF D	EATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C			120 USUAL	altimore OCCUPATION	1	2b. KIND O	MD. F BUSINESS OR
-	Carnev			HEACILITY, GIVE STREET					tk for most of working the Employed	NG LIFE)	NDUSTRY	
	AL RESIDENCE (IF NU	RSING HOME OF						Serr.	miproyed	COIL	LIACL	OI
	STATE	13b. COUN		13c. CITY OR TOW				13e STREET				
	aryland ATHER'S NAME	Balt	imore	Carney		YES _	NO 🔀		05 Lakewo	ood l	Road	
4 17	FIRST		WIDDLE	LAST		IS. MOTHER	S MAIDEN NAM	AE .	MIDDLE		LAS	ī
-	Bart			Seidl			Mary				Sch	ott
	WAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORM	ANT Son		ADDRESS			
,	Yes	WW		216-28-0	147	Raym	ond Seid	11 88	05 Lakewo	ood I	Rd.	21234
MEDICAL CERTIFICATION	Conditions, if on gove rise to it couse (a), statunderlying cau	nmediote ting the se last.	DUE TO, OH	AS A CONSTQUE	SATH BUT	Lin	onic 00	STOREAS STORE		mg	TIAN BEEFENDING	iase ³ igs used of deathy
CAL CER	210. ACCIDENT WAS U OR CONTRIBUTING	CALME OF DEA	HOUR A.	M. MONTH DA	AY YEAR	21c. HOW II	NJURY OCCURR	100	ature of injury in itea	A IB PART I	OR PART 2)	
MEDI	21d. INJURY OCCU	WHILE	21e PLACE (OF JURY LET, FACTORY, OFFICE F	ARM, ETC)	71f LOCAT			CITY OR TOWN		COUNTY	STATE
	220 I certify that (and five on	tol) ottended the	8 19	,) (5) opinion d	eoth occurre	ed on the date and	hour one		
	OF	asi	灰子	By			ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		22c. DATE:	9-81
	22d. PHYSICIAN'S N	AME (TYPE C	R PRINT)			22e ADDRE	SS					
	Frank 5	r. Kas	ik, Jr.	, M.D.		900	5 Harfor	d Rd.	Balto.	MD		
	BURIAL, CREMATION	, REMOVAL	23b DATE	23c. N	NAME OF C	EMETERY OR	CREMATORY	23d. LOC/				
	urial		11-12-	-81	Parkw	ood Ce	metery	Ba	Itimore,	MD	YINU	STATE
	UNERAL DIRECTOR						25n DATE	REC'D BY R	EGISTRARI25h RE	SISTRA	ACCULATION OF	We de

DHMH - 16 50M 1/B1 (VRA 15, 4)

Leonard J. Ruck, Inc. 5305 Harford Rd. 21214

1981 Trances Jan Parther

BP.

retained by the haspital or attending physician

Booksmy Lotty Continue and to Contracting Description Collection for his feeling "had the tite out to a thought beauty hand" mente July

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	-	REGISTRAR CX 2	19 10 160	0	CERTIF	ICATE OF DEATH		REG. 1	٧٥.		
1		CEASED NAME FIRST	M	IDDLE	l	AST	20.	DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
-	LITPE	SALVADO	R: T	AVID	SEL	INA	N	OVEMBER	12.	1981	9:45 P
	3. SE)		4. RACE	22122	5. DATE C	OF BIRTH	6. A	GE (IN YEARS LAST B	(RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HR
-1		MALE	WHITE		JANU	ARY 21, 191	11	70	YR:	MONTHS DATE	HOURS MIN.
		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF V	VHAT COUN	701/0		9 E	SALTIMORE CITY	-		
		ARYTAND	U.S.A.		MARRIE			ALTIMORE	COIII	MIT	MD
7		ITY OR TOWN OF DEATH		OSPITAL, NU		OR OTHER INSTITUTION	1 120	USUAL OCCUPA	TION	12h KIND C	OF BUSINESS OR
3	F	ORT HOWARD	VA MEDI	CAL CI	NIER SS)		C	AB DRIVE	R WORKING	CAB (COMPANY
7			OR OTHER INSTITUTION O	136 CITY OR		1134 INSIDE CITY LIMITS	S? 13e	STREET ADDRESS			
>	M	ARYLAND		BALTIN	ORE	YES X NO	3	123 ORLA	NDO 1	AVENUE	
	14 FA	ATHER'S NAME	WIDDLE	LAST		IS MOTHER'S MAIDEN	NAME	MIDDLE		LAS	<1
0	SE	BASTIAN		SELI	INA	ANGELA				BUT	
7	16a V	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL	SECURITY NO.	17 INFORMANT		ADD	RESS		
		YES WW.		219 10	1600	Mrs. Mai	rie A	. Selina	Sai	me as # ,	13e_
		18 CAUSE OF DEATH Enter of		ine for a), (b	i, and ici					APPRÓX BETWEEN	ONSET AND DEATH
		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (6)	REBROY	ASCULAR	ACCIDENT				4 WEI	EKS
		40119			EQUENCE OF		ERTE	NSIVE AN	D		
П		Conditions if ony, which				IC CARDIOVA	SCUL	AR DISEA	SE	YEAR	2S
1		gave rise to immediate couse (a), stating the	DUE TO OR	AS A CONS	EQUENCE OF			- Alberta			
		underlying couse lost.				HROSCLEROSI	IS			YEAR	RS
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED TO THE T	TERMINA	L DISEASE OR CO	NDITION	GIVEN IN PART 1	0
	ON	DIVERTICULOS	IS OF COL	ON: AN	EMIA. U	REMIA					
	CAT	190 DATE OF OPERATION				N WAS PERFORMED		200 AUTOPSY?	20b. IF	YES, WERE FINDI	NGS USED
	CERTIFICATION							YES NO	IIN CEP	YES TO	NO [
\neg	CER	210. ACCIDENT WAS UNDERLYING	1 110110 11		DAY YEAR	21c HOW INJURY OC	CURRED	(ENTER NATURE OF IN.	IURY IN ITEM	18 PART I OR PART 2)	
	AL	OR CONTRIBUTING CAUSE OF D	EAIM		DAT TEAK						
	MEDICAL	21d INJURY OCCURRED	21e PLACE C	OF INJURY		211 LOCATION		CITY OR I	OWN	COUNTY	STATE
	¥	WHILE NOT WHILE AT WORK	(AT HOME STRE	ET, FACTORY OF	FICE, FARM. ETC.)	SIREET		CITYON	OWN	COOKIT	STATE
		22a.1 certify that (1) (this has	pital) attended the	deceosed fr	om SEPTE	WIBER 28 19 8	31	TO NOVEWE	BIR TI	2, 19 81	that (It (we) lost
		sow the deceased alive a above, (1) (we) (did) (did r		12		nd that in (my) (our) opi	nion deat	h occurred on the	dote and l	hour and from the	couses stated
		27b. SIGNATURE	tor view the body t	iner death,		DEGREE A A					SIGNED
	3	madera	va S	3 (lau	MARINDIN	NG N	RECTOR PHYS	AFF X	11/1	13/81
		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			77n ADDRESS					
		VADHANA CLAU	D. M.D.		/	VA MEDICAL	CEN	mero eron	מסע ש	JAPA MA	21052
	23a B	BURIAL, CREMATION, REMOVA		Ī	23c. NAME OF C	EMETERY OR CREMATO		23d. LOCATION	TOTAL		C1V3C
	- (Burial	Nov.16			s of Faith		Baltimo	ore.	Marylan	Z STATE
		UNERAL DIRECTOR					DATE RE	C'D. BY REGISTRA	_	STRAR'S SIGNAT	TUPE
		Leonard J. Ru	ck Inc	Balt		7	NOV	116	the	anu Jan	Marthen
			LELU 0	Dar L	THUT C 171	4. 0	0.1 47				

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please it with the State Dept. of Health and Mental Hygiene prior to burial, crowth the State Dept. of Health and Mental Hygiene prior to burial, croth III filem 21 is marked or Item 18 shows any injury, or other

TO FUNERAL DIRECTOR After this certificate has b

ATTENDING PHYSICIAN: The lo

		TO THE PARTY OF TH	
		6 a a	
THE PARTY OF THE P		Trease date of ay	
SASS CHILDRED WARRANT		SHOUTABLE	manual
EDS, VANC, FORT HOWARD, D.	OD EL DADINGTO	212 10 1600	Franklin MY
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874.X			
		THE OF SCION'S MICHA,	
72 - 21 - 22 VIII			
18 81 37/19/81			

requires that the death certificate be executed within 24 hours off

TO HOSPITAL OR ATTENDING PHYSICIAN. The low etoined by the hospital or attending physician.

	STATE OF MARYLAN
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND M CERTIFICATE OF DE

Balto.

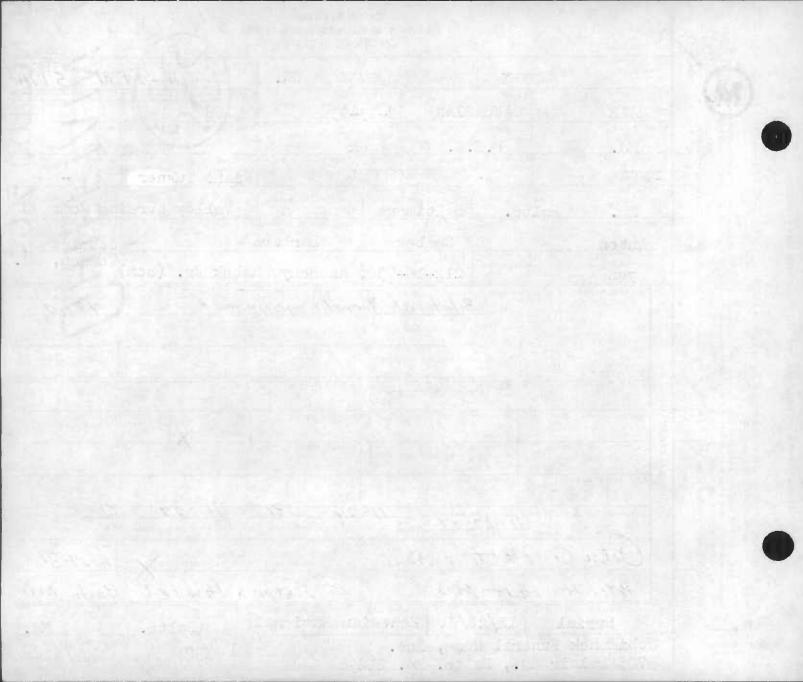
3	1	2	52	,	1	.3
2	ğ.	Section	O	-9	-1	3

	STATE REGISTRAR		DEPAR	CERTIF	ICATE OF DEAT	TH	REG. N			
	EASED NAME FIRST		WIDDLE		AST		20 DATE OF DEATH 1	1-27-8	BAL YEAR	26 59 47
		THONY		SHA	ABEK S	SR.	/	1-27	7-81	517
1 SEX		4 RACE		5 DATE C		YEAR	6 AGE (IN YEARS LAST BIR	THDAY	IF UNDER I YEAR	IF NUER 24 F
Section 1	MALE	CAUCA	SIAN	8-13	3-93	TEAR	88	YRS	WOMMS DATS	HOURS N
BIRT	THPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	Y? 8	D NEVER MARK	RIED 🗆	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
	Md.		S.A.	WIDOWE	DIVOR	CED 🗍	BALTI	MORE (COUNTY	
	Y OR TOWN OF DEATH		HOSPITAL, NURS JOSEPH		OR OTHER INSTITUT	ION	12a USUAL OCCUPATI	E WORKING HE		F BUSINESS
	WSON				AL	- 50	Piano Tu	her.		-
13a ST	ATE 136 CO		130 CITY OR TO		134 INSIDE CITY L	IMITS?	13e STREET ADDRESS			
		lto.	Baltir	more	YES NO		Valley	Nurs	ing H	ome
14 FAT	HER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MA		MIDDLE		145	
1	Anton		Shab		Bar	rbara	1		Schm	idt
	AS DECEASED EVER IN U.S.	ARMED FORCES?			17 INFORMANT		ADDRE		, Tows	on, M
	yes W	ΜŢ	212-1	8-7386	Anthor	ny Sh	nabek Jr.	(son	1)	
_ 1	18 CAUSE OF DEATH Enter PART I. DEATH WAS CAU	only one cause pe	er line for al, (b. c	and c BI	LATERAL B	RONCE	HOPNEUMONIA		BETWEEN	MATÉ INTERVAL
		IATE CAUSE (o)	Bilater	al Br	oncho pi	neur	nonia		48	45
	4850 DUE TO, OR AS A CONSEQUENCE OF									
2	Condition	,	31111011							
	Conditions, if ony, which	(d)								
	gove rise to immediate couse o, stating the)	OR AS A CONSEQU							
	gove rise to immediate)	DR AS A CONSEO							
P	gove rise to immediate couse o, stating the	DUE TO, C		UENCE OF	NOT RELATED TO 1	THE TERMI	nal disease or con	DITION GIVI	EN IN PART 1	
P	gove rise to immediate couse a stating the underlying couse lost	DUE TO, C		UENCE OF	NOT RELATED TO 1	THE TERMI	nal disease or con	DITION GIVI	EN IN PART 1 (
CATION	gove rise to immediate couse a stating the underlying couse lost	DUE TO, C	CONTRIBUTING TO	UENCE OF	NOT RELATED TO 1		NAL DISEASE OR CON	20b. IF YES	, WERE FINDIN	IGS USED
CATION	gove rise to immediate couse of stating the underlying couse last	DUE TO, C	CONTRIBUTING TO	UENCE OF				20b. IF YES	, WERE FINDIN	IGS USED
CERTIFICATION	gove rise to immediate couse of stating the underlying couse lost PART 2 OTHER SIGNIFICAN 9a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	DUE TO, C 101 1 CONDITIONS C 19b. CONE 21b. TIME 6	ONTRIBUTING TO	DEATH BUT	n was performei	D	200 AUTOPSY?	20b. IF YES IN CERTIFY	, WERE FINDIN YING CAUSES	GS USED OF DEATH?
CERTIFICATION 51	gove rise to immediate couse to, stating the underlying cause last PART 2 OTHER SIGNIFICAN 9a DATE OF OPERATION	T CONDITIONS C	ONTRIBUTING TO	DEATH BUT	n was performei	D	200 AUTOPSY? YES NO	20b. IF YES IN CERTIFY	, WERE FINDIN YING CAUSES	GS USED OF DEATH?
CERTIFICATION 51	gove rise to immediate couse of stating the underlying couse lost PART 2 OTHER SIGNIFICAN 9a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, COLOR T CONDITIONS C 19b. CONE 19b. CONE HOUR A P 21b. TIME C HOUR A 21c. PLACE	ONTRIBUTING TO	DEATH BUT TH OPERATION DAY YEAR 19	N WAS PERFORMED 21c HOW INJURY	D	200 AUTOPSY? YES NO NO NOTE: NO NO NOTE: NO NOTE: NO NO NO NOTE: NO N	20b. IF YES IN CERTIF YES	, WERE FINDIN YING CAUSES S () ARI I OR PART 2}	NGS USED OF DEATH? NO
MEDICAL CERTIFICATION	gove rise to immediate couse of stating the underlying couse lost PART 2 OTHER SIGNIFICAN 90 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHE EITHER NOTIFY MEDICAL EXAMI	DUE TO, COLOR T CONDITIONS C 19b. CONE 19b. CONE HOUR A P 21b. TIME C HOUR A 21c. PLACE	ONTRIBUTING TO DITION FOR WHIC OF INJURY A.M. MONTH I	DEATH BUT TH OPERATION DAY YEAR 19	N WAS PERFORMED	D	200 AUTOPSY? YES NO	20b. IF YES IN CERTIF YES	, WERE FINDIN YING CAUSES	GS USED OF DEATH?
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DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physican and camplerely filled in by the should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



1	FOR STATE		DEPARTA	MENT OF H	E OF MAKTLAND IEALTH AND MENTAL HYGI	ENE O	5	8 2	ප් ට
3 8 1	REGISTRAR		F	CERTIF	ICATE OF DEATH	REG. N	0.		
	CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH		AY YEAR	26 HOUR 3
	BAPULAL		G.	SH	AH		10 3	081	100
3 SE	X	4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY)	FUNDER I YEAR	IF UNDER 24 HRS
1 0	Male	Caucas	ian	11	/25/1901 ***	80	YRS	ONIH! DAYS	HOURS MIN.
7/	IRTHPLACE (STATE OF FOREIGN COUNTRY)	Ind		WIDOWE		Baltimore city of			N
	ndalls town	Baltim	HOSPITAL, NURSIN CHEACILITY, GIVE STREET A ORE COUNT	G HOME C ADDRESS) Y Gen	eral Hospital	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C Cashier—F	E WORKING LIFE	INDUSTRY	r Business of n Indus
130	AL RESIDENCE (IF NURSING HOME STATE 136 COL Bal	or other institution inty timore	GIVE RESIDENCE BEFORE 130. CITY OR TOWN OWINGS M.	ADMISSION)		13e STREET ADDRESS	Ridge		
	ATHER'S NAME				15. MOTHER'S MAIDEN NAM	Æ			
50 Go	vinblal	WIDDLE	Shah LAST		Rookshmani	MIDDIE		Un	known
16a V	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRI	55		
	YES NO OR UNKNOWN) (IF YES, C	N/A OR DATES)	216-94-57	759	Mina Patel, 8	3513 Portsm	ou th	Dr., L	aural,
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	SED BY:			o Herant Blo	not.		BETWEEN C	MATE INTERVAL DINSET AND DEATH V
	4100 IMMEDI	ATE CAUSE (o)		1	y (Taav) 15te)CE		43	
	Conditions, if ony, which	((b)	R AS A CONSEQUE	e M	YOCANIAL J	NENICTIO	W	26	no
	gove rise to immediate couse to, stating the	DUE TO O	R AS A CONSEQUE	1100	3		11111		
6-13	underlying couse lost	(c)_			ASCUD.			Man	year
NO	PART 2 OTHER SIGNIFICANT		ONTRIBUTING TO D		NOT RELATED TO THE TERMIN	NALDISEASE OR CON	DITION GIVE	N IN PART 110	
CERTIFICATI	196. DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	GS USED
		III with				YES NO	YES		NO [
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIFETHER NOTIFY MEDICAL EXAMIN	EATH HOUR A	DE INJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT 1 OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA		211. LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
1	22a 1 certify that (1) (this has sow the deceased alive a		deceosed from	61.	127 19 01	. 10	0		hot (I) (we) los
	obove, (1) (we) (did) (did r	of view the body	ofter deoth	, 01	d that in (my) (our) opinion de	oth occurred on the do	ote and hour		
1	276. SIGNATURE	lo de	ull		ATTENDING PHYSICIAN	MEDICAL STAR		220 DATE S	130/8
	PHYSICIAN'S NAME (TYPE		renbull i	M.D.	Balto Caux	ty Garon	al 1h	ospital	1
23a B	BURIAL, CREMATION, REMOVA			AME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	£7.475
	Cremation	10/3	1/81 Wes	stvie	w Mem. Park	Catonsvil	le, Ba	ltimore	e. Md.
B1 24 FL	INERAL DIRECTOR		ODLAWN SME		T LU	RECD. BY REGISTRAR	256. REGISTR	AR'S SIGNATU	rthen

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Items 13a-13e, 14&15 per phone STATE OF MARYLAND

- STATE

REGISTRAR

FIRST

sow the deceased alive on.

226. SIGNATURE

obove, (I) (we) (did) (did not) view the body after death

DECEASED NAME

SEX AGE **BALTIMORE CITY OR COUNTY OF DEATH** 76 CITIZEN OF WHAT COUNTRY NEVER MARRIED DIVORCED 11. NAME OF HOSPITAL NURSING HOME COUNTY 13d. INSIDE CITY LIMITS? YES T NO P 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY 17 INFORMANT 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)_ DUE TO OR AS A CONSPOUENCE OF Conditions, if ony, which emati gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost plea 0 9 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206. IF YES, WERE FINDINGS USED p IN CERTIFYING CAUSES OF DEATH? Hygiene per NOG ol-transit 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Item MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY CITY OF TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET morked NOT WHILE AT WORK 22a I certify that (1) (this hospital) attended the deceased from...

22d. PHYSICIAN'S NAME (TYRE OF PRINT) 22e. ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 250. DATE REC' 25h REGISTRAR'S SIGNATURE

DEGREE

ATTENDING

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

MONTH

25 HOUR

IF UNDER - YEAR

126 KIND OF BUSINESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

45015

YES [

and that in (my) (a) opinion death occurred on the date and hour and from the causes stated

STAFF

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

20. DATE OF DEATH

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

DIRECTOR.

FUNERAL

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completely filled in by the funeral director, page 3 1 and 2 should be filed within 72 hours after death

STATE OF MARYLAND FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3

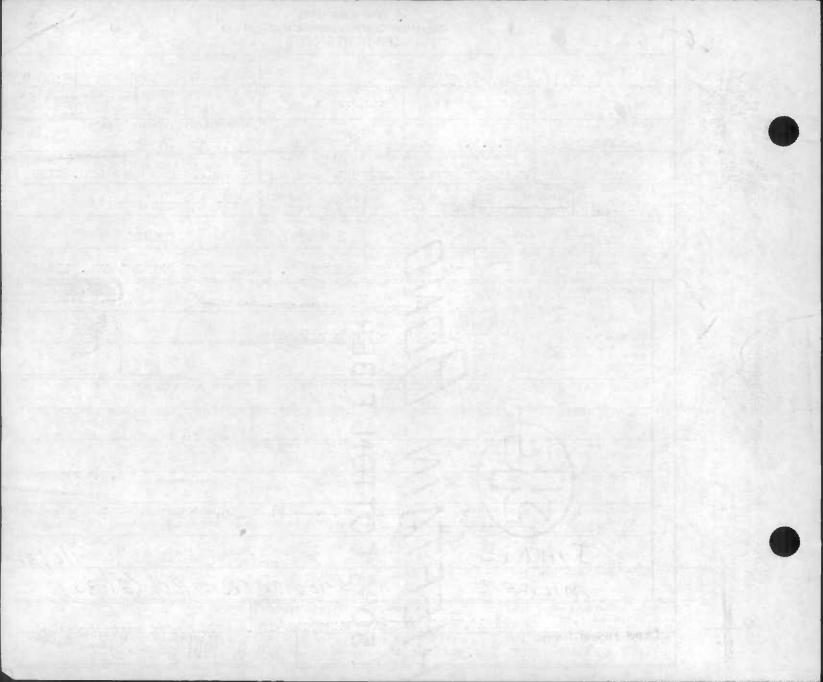
1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH WITH BARNEY SHORES 3. SEX 4 RACE 5 DATE OF BIRTH MONTH DAY 1899 82 YRS. 10. BIRTHPLACE LATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARYLAND U.S.A. WIDOWED DIVORCED BALTIMORE CITY OR COUNT WIDOWED DIVORCED BALTIMORE COUNTED BALTIMORE COU	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. Y OF DEATH							
William Barney SHORES 3. SEX 4. RACE 5. DATE OF BIRTH MONTH 10/21/1899 82 YRS 6. AGE (IN YEARS LAST BIRTHDAY) 82 YRS 83. SEX MALE WHITE 76. CITIZEN OF WHAT COUNTRY? MARYLAND U.S.A. WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ROSSVILLE FRANKLIN SQUARE HOSPITAL NOVEMBER 6, 198 6. AGE (IN YEARS LAST BIRTHDAY) 6. AGE (IN YEARS LAST BIRTHDAY) 8. AGRIFICATION (IN YEARS LAST BIRTHDAY) 9. BALTIMORE CITY OR COUNTRY 120 USUAL OCCUPATION (IT YELD OF WORK FOR MOST OF WORK ING ELL SUPERVISOR	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. Y OF DEATH							
3. SEX MALE WHITE 10/ 21/ 1899 82 YRS. 10 BIRTHPLACE (MATEOR FOREIGN COUNTRY) MARYLAND U.S.A. MARRIED XXNEVER MARRIED WIDOWED 10 CITY OR TOWN OF DEATH ROSSVILLE 11. NAME OF HOSPITAL, NURSING HOMEOR OR OTHER INSTITUTION (IF NOT INS SUCH FACILITY, GIVE STREET ADDRESS) FRANKLIN SQUARE HOSPITAL 6. AGE (IN YEARS LAST BRITHDAY) 82 YRS. 9. BALTIMORE CITY OR COUNT Baltimore Count 120 USUAL OCCUPATION (I'PE OF MORK FOR MOST OF WORKING LI SUPERVISOR	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. Y OF DEATH							
MALE MALE MALE MARYLAND MARYLAND MARYLAND MODITION MODITION	Y OF DEATH							
76. CITIZEN OF WHAT COUNTRY? 8. 9. BALTIMORE CITY OR COUNT 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12. ULY OR TOWN OF DEATH 12. ULY OR TOWN OF DEATH 13. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IT YEL OF WORK FOR MOST OF WORKING IN SUPERVISOR) 12. ULY OR OWNER, FOR MOST OF WORKING IN SUPERVISOR	.y MD							
MARYLAND U.S.A. WIDOWED DIVORCED BAltimore Count 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ROSSVILLE FRANKLIN SQUARE HOSPITAL SUPERVISOR	M. C.							
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ROSSVILLE FRANKLIN SQUARE HOSPITAL 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING IN SUPERVISOR	M. C.							
ROSSVILLE FRANKLIN SQUARE HOSPITAL SUPERVISOR	126 KIND OF BUSINESS OR							
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION)	BALTO. CITY							
136. STATE 136 COUNTY 136. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS								
MARYLAND BALTIMORE YES XX NO 6827 FAIRDEL A	VENUE							
14 FATHER'S NAME FIRST MIDDLE LAST LIST MOTHER'S MAIDEN NAME								
BARNEY SHORES FIRST FIRST EMMA CURTI	S							
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS								
(YES NO OR UNKNOWN) YES WWW 1 214 03 2226 KATHRYN E. SHORES 6827 FAIRD	EL AVE. 21234							
18 CAUSE OF DEATH (Enter only one cause per line for ra), (b), and (c).	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
PART I. DEATH WAS CAUSE OBY: IMMEDIATE CAUSE (a) Cachexia	DE PAREN CHIEF AND DEATH							
11660								
Conditions, if any, which (16) Metastatic colon carcinoma								
gave rise to immediate								
couse (o), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF								
(c)								
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	VEN IN PART Tra							
	S, WERE FINDINGS USED							
NE CONDITION TO WHICH OPERATION WAS PERFORMED 100. IF TE	FYING CAUSES OF DEATH?							
- K	ES NO							
OR CONTRIBUTION OF OFFICE HOUR A.M. MONTH DAY YEAR	PART I OR PART 2)							
The Either Notify Medical Examiner P.M. 19								
216. INJURY OCCURRED 216. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM FTC.) 217. CITY OR TOWN	COUNTY STATE							
WHILE NOT WHILE AT WORK AT WORK								
22a.1 certify that (X (this hospital) attended the deceased from November 4 , 19 81 to November 6	19-87							
saw the deceased alive on November 6, 19, 81, and that in (%) (our) opinion death occurred on the date and how above, (Xiwe) (did) (XXXX) view the body after death.	ir and from the causes stated							
22b. SIGNATURE DEGREE	22c. DATE SIGNED							
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	4/6/81							
22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS	1							
	71172							
	011301							
MILNER 5400 Old COLA RCI (230 BURIAL, CREMATION, REMOVAL 238, DATE 231, NAME OF CEMETERY OR CREMATORY 1234 LOCATION	21133)							
MILNER 5400 Old COLA RCI (230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN 23d BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN	COUNTY STATE							
MILNER 5400 Old COLA ROLL 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN	COUNTY STATE							

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

etained by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and c should be detached for use as the bural-transit permit. Then please remove corbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

REGISTRAR				CERTIF	ICATE OF D	EATH	REG. N	0.			
DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) ANNA Catheri			esibiski			20 DATE OF DEATH MONTH DAY YEAR 16 HOUR 11-27-81 10:					
3 SEX Female	4	RACE White	2	5 DATE C		YE AR	6 AGE (IN YEARS LAST BIR	YRS.	FUNDER TEAR	HOUR MIN.	
-COUNTRY	BIRTHPLACE (STATE OR FOREIGN COUNTRY)		76. CITIZEN OF WHAT COUNTRY?		D NEVER M	ARRIED ORCED	9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY				
TOWSON	OSEPH HO	PITAL, NURSING HOME OR OTHER INSTITUTION ILITY, GIVE STREET ADDRESS! SEPH HOSPITAL			12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWILLE AT HOME						
Maryland	13b COUNT		GIVE RESIDENCE BEFORE 1130 CITY OR TOWN Dundalk		13d. INSIDE CI	NO 🔀	3001 A Dur	nuvu	Road 2	2/222	
14 FATHER'S NAME FIRST Howard	ı Ci	ifton	Wiley			igunda	MIDDLE		Zorn	ST	
160 WAS DECEASED (YES, NO OR UNKNOW		ED FORCES?	212-09-		Marga		ley 3904 P		. Avenue	2 21224	
	TH WAS CAUSED IMMEDIATE any, which immediate stating the	DUE TO, OF	Ine for 10 , (b), and ECURRENT R AS A CONSEQUE R AS A CONSEQUE	BILE NCE OF	DUCT CA ENERALI		A WITH DOMINAL CAR	RCINOM		MMATE INTERVAL ONISEL AND DEATH	
NO L	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?										
OR CONTRIBUTING	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH I WE EITHER NOTIFY MEDICAL EXAMINER) P.M.			DAY YEAR			YES NO YES NO RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)				
21d INJURY OC		21e. PLACE (OF INJURY	ARM, ETC.)	211 LOCATIO	Ν	CITY OR TO	OWN	COUNTY	STATE	

22a I certify that K(this hospital) attended the deceased from

81., and that in (xy) (our) opinion death accurred on the date and haur and from the causes stated

108I

ATTENDING PHYSICIAN

22c DATE SIGNED

A. ANDREW

7620 YORK ROAD TOWSON MD 21204

23a. BURIAL, CREMATION, REMOVAL

231 NAME OF CEMETERY OR CREMATORY Sacred Heart (

22e ADDRESS

23d. LOCATION Dundalk

24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4)

18 sh

should be detached for us with the State Dept of Her etoined by the hospitol

BP.

MPORTANT: If Item 21 is

, S. Zeiler & Son Inc. 6224 Eastern Avenue

25a DATE REC'D. BY REGISTRAR NOV 3 0 1981

The supposition of the second second						
	\	953/4	Fagarda			
364			. 10 (25.20) 11.00			
	Warrant	ano il la				
And Indian	Malle	in in the				
di Janenyi.	\	and on one and				

Antica /2-1-1/ Secret Variation, Sundaily association.

C. T. Liblier & Fon free 1986 frances house

certificate be executed within 24 hours after death. Page 4 may be

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3 3

Я	1	REGISTRAN			CLIVIII	ICAIL OI DI	MIII	REG. N	0			
1	1.06	CEASED NAME PRIT	PHILIP	MIDDLE		SIDL		2a. DATE OF DEATH	MONTH I	DAY YEAR	26 HOUR	
ı		SID	L6 -	HILL	If.			11-13-	61.		5-55 M	
9	1.56	b.A	4 RACE		5. DATE O			6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	FUNDER 24 HRS	
ı		ALE	WHI	re	MONT	20	OS.	76	YRS	MONTHS BAYS	HOURS MIN.	
1	7a. BI	RTHPLACE , TATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D XXNEVER M.	ARRIED T	9 BALTIMORE CITY O	RCOUNTY	OF DEATH		
)		MARYLAND	USA	1	WIDOW		DRCED	BALTIMORE	COUN'	TY	MD.	
4	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTI	UTION	120 USUAL OCCUPATI			OF BUSINESS OR	
1	RANDALLSTOWN BALTIMORE COUNTY G.					. HOSP.		(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MERCHANT RETAIL				
í	13a S	AL RESIDENCE (IF NURSING HOMESTATE 136 CC		GIVE RESIDENCE BEFORE		1 13d. INSIDE CIT	Y LIANITS?	13e STREET ADDRESS				
d	I	MARY LAND I	BALTO.	BALTIMO			NX OF	7 SLADE A	VE.,	APT. 11	11 #21208	
46	14 FA	THER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S	MAIDEN NAM	MIDDLE		LA	CY	
d		JACOB		SIDLE			SARAH				INSON	
		WAS DECEASED EVER IN U.S. ARMED FO		AR OR DATES)			MRS.					
	1	VO	216-32-6440 APT. 111 BALTO., MD 2:						1208			
		18 CAUSE OF DEATH Enter only one cause per line for Ia , (b), and Ic								APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH	
		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Cardio-pulmonan currest 2 to										
		Canditions, if any, which (b) MOSSIVE acute Mocardiel							100			
		Canditians, if any, which	NOESEL	ssive acute Mocardice								
		gave rise to immediate cause (a), stafing the DUE TO, OR AS A CONSEQUENCE O										
		(c)										
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a										
-	CERTIFICATION	190 DATE OF OPERATION	TION FOR WHICH	VHICH OPERATION WAS PERFORMED			120a AUTOPSY?	Table IE VEC	WERE EINER LOS HOSE			
f	FIC	DAIL OF OFERATION	THE COND	DITION FOR WHICH OPERATION WAS PERFORMED			WED	IN CERTIFYING CAUSES OF DEATH			OF DEATH?	
	ERT	210. ACCIDENT WAS UNDERLYING 7 216. TIME OF INJURY			21c. HOW INJURY OCCUR			YES NO	YES		NO 🗆	
		OR CONTRIBUTING CAUSE OF	AY YEAR		, OCCORNE	ENTER NATURE OF INJUR	IT IN IIEM IS F	ARTIORPARIZ)				
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM	P.M. 19 21e PLACE OF INJURY			211 LOCATION	1					
	ME	WHILE NOT WHILE (AT HOME, STREET, FACTORY OFFICE FARM, ETC.)				STREET		CITY OR TO	CITY OR TOWN COUNTY STATE			
		220.1 certify that (1) (this ha	spital) attended th	deceased from	11-	11-	10 81	10 11 - 14		108	that (1) (we) last	
		saw the deceased give an 11-12- 19 \$7 and that in (my) (gur) applied death accurred as the date and have and large the ground of the control										
		above, (I) (we) (did) (did not) view the body after death. 27b. SIGNATURE DEGREE 27c. DATE SIGNED										
		R.M. Shah. M.D ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DI										
		1924 DUVCICIANICANICANICANICANICANICANICANICANIC								0 1		
		R. P	M. SH	AH . M.	9	ald	must B	WAD RA	NOAL	works	EM.V	
	23a B	URIAL, CREMATION, REMOV	AL 23b DATE	23c N	NAME OF C	EMETERY OR CR		23d LOCATION				
	- {	SPECIFY) BURIAL	NOV.13	,1981 CH	IZUK	AMUNO		BALTIMO	RE	COUNTY MA	ARYLAND	

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fur shauld be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and 2 shauld be filled within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death retained by the haspital as attending physician.

MPORTANT: If them 21 is marked ar Item 18 shaws any injury, ar other traumatic event, the medical

DHMH - 16 50M 1/81 (VRA 15, 4)

LEVINSON BROS., SOL 24 FUNERAL DIRECTOR E INC. 21215 MD 6010 REISTERSTOWN RD BALTO.

NOV 1 6 1981 Trans Signards

MENT OF HEALTH AND MENTAL HYGIENE

Items #18a-22a Film G563 1/7/82 rcSTATE OF MARYLAND

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

FOR

(VR A15 ME (5)) 15M 2/80

L.C.R.TH Sale in Transport Tourist ... and the second of the second o C. C. Silveria de la Companya de la Car amend to polyment Construction to the as a P.D.

ngidi nec.1,1737 Holade, valle, Comaces, Comessaville Halfflore, Id. 1850 tori local est Toyaos varexel Hola, Inc. Morest, a.21304 Vid. 1 301 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in 1911 the should be detached for use as the buriol-transit permit. Then please remove carbonappers. Pages 1 and 2 should be it with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal

MPORTANT: If them 21 is marked or Item 8 shows any injury, or other troumatic event, the medical examiner must be included.

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FISTIAL DE	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 . 10

-1		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10			
1		EASED NAME	FIRST		MIDDLE	L	AST	20 DATE OF DEATH		YE AR	2b HOU	R
	(TYPE O	OR PRINT)	CECEL	IA	D.	SMI	NK	November 1			8:1	7a _M
	3 SEX	Female		White		5 DATE C	y 19°1913 ^{EAR}	6. AGE (IN YEARS LAST BI	RIHDAY) IF UN MONTH	DER I YEAR	IF UNDER	24 HRS MIN,
1	- 00	THPLACE TATE ON DUNTRY)	FOREIGN	USA	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore city of Baltimore	OR COUNTY OF	DEATH		MD
1		ssville 2		(IF NOT IN SUC	HOSPITAL, NURSING THE FACILITY, GIVE STREET A Lin Sq. H	ADDRESS)	or other institution	120 USUAL OCCUPAT LTYPE OF WORK FOR MOST Machine O		26 KIND OF		SS OR
5	13a. ST	LRESIDENCE (IF NUR ATE aryland	13b COUN		130. CITY OR TOWN	V	13d. INSIDE CITY LIMITS? YES NO KK	130 STREET ADDRESS 1617 Darti	ford Rd.	Apt	A	
		HER'S NAME FIRST	Unkno		LAST		15. MOTHER'S MAIDEN NAM	hine	?	LAST		
	(YES	AS DECEASED EVER S. NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	161 09 67	768	Josephine Sm	yth, Daught				
	7	gave rise to imi	which mediate	DBY: E CAUSE (o) DUE TO, O	Septic Sheras a conseque	ock(c	linical) r Lobe Acute Several Small			APPROXIMEN O	NO ET AND	DEATH
	NOIT						NOT RELATED TO THE TERM					
	CERTIFICATION	90 DATE OF OPERA	TION	196 COND	ITION FOR WHICH (OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES ■ NO□	20b. IF YES, WE IN CERTIFYING YES			H?
	CAL	OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEAT	HOUR A.	m. month da m.	Y YEAR	216. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART I	OR PART 2)		
	A	WHILE NOT WE AT WO	PRK	(AT HOME STE	REET FACTORY, OFFICE FA		STREET	CITY OR TO		COUNTY	51	TATE
		saw the decease obove, 4 (we) ((this haspite ed olive on_ did) (did not	November of the November of th	e deceosed fram 2 r 15 ofter death		ber 15 , 19 81 id that in ($\%$) (aur) apinion o	, to _NOVEMD 6 death occurred on the d			hot X (w	
		226 SIGNATURE	P	Joy my				MEDICAL STA	FF	22c. DATE S	16 -	81
	2	PHYSICIAN'S NA	Myo T				9101 Frankl	in Square D	rive 212	237		
1	E	rial, cremation,	REMOVAL	23b. DATE 11/18	/81 Gar		emetery or crematory of Faith Ceme				200	TATE
-1	10	zdzinski	Funera	al Kome	PA 1407	old E	astern Ave. N	REC'D. BY REGISTRAR	256 REGISTRAN	SIBNAT	y last	hen

Old Eastern Ave. NOV

DHMH - 16 50M 1/81 (VRA 15, 4)

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etoined by the hospital or attending physicion.

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the should be detached far use as the burial-transit permit. Then please remave carbanpapers. Pages 1 and 2 should be filed with the State Dept. at Health and Mental Hygiene prior to burial, crematian, ar removal.

njury, ar ather traumatic event, the

IMPORTANT. If Item 21 is marked ar Item 18 shows any

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFIC ATE OF DEATH

2. 8 8

REGISTRAR		CERTII	ICATE OF DEATH	REG. NO					
. DECEASED NAME FIRST	WIDDIE	4	LAST			DAY YEAR	26 HOUR		
CARO	LINE K	SI	MITH	NOVEMBER	5. 1	1981	10:30#		
SEX	4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRTH	-	IF UNDER LYEAR			
Female	White	Sep		89	YRS	MONTHS DAYS	HOURS MIN		
BIRTHPLACE TATE OF FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8		9 BALTIMORE CITY OR		OF DEATH			
Maryland	USA	WIDOWE	D NEVER MARRIED DIVORCED	BALTIMOR	E CC	DUNTY			
O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	JURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATIO	N	12b. KIND C	OF BUSINESS OR		
TOWSON	SAINT JOSE	EPH HOST	РТТАТ.	(TYPE OF WORK FOR MOST OF	WORKING LIF	FE) INDUSTRY			
JSUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)		Homemaker					
Marriand 13b CO	100 011101		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	1				
Maryland Ba	ltimore To	wson	YES NO X	23 E. Ches	apeal	ke Aven	iue		
FIRST	MIDDLE		FIRST	WIDDLE		LAS			
Bernard 60 WAS DECEASED EVER IN U.S. A		geman L SECURITY NO.	Anne 17 INFORMANT	ADDRES		Spang	ler		
(YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)								
No		44-9536	Mr. Bernard	M. Smith 91	.0 Loc				
PART DEATH WAS CAU	only one cause per line for io .					BETWEEN	ONSET AND DEATH		
IMMEDI	ATE CAUSE (a) Cerebro	ovascula:	r thrombosis a	and stroke					
14341	DUE TO, OR AS A CON	ISEQUENCE OF							
Conditions, it ony, which	(b)					-			
gave rise to immediate	gave rise to immediate								
underlying couse lost.									
DARLO OTHER CICALIFICANI	(c)								
Z PARI Z OTHER SIGNIFICANI	CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	TION GIV	EN IN PART 1	a		
190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OBERATIO	NI WAS BEDEODUED	20a AUTOPSY?	ant it vec	WERE EINIDA	NOC DOTO		
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	176 CONDITION FOR V	VHICH OPERATIO	IN WAS PERFORMED			YING CAUSES			
E				YES NO	YE:		NO 🗆		
0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0		H DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 P.	ART I OR PART 2)			
I IF EITHER NOTIFY MEDICAL EXAMIN	CM161	19							
UIF EITHER NOTIFY MEDICAL EXAMIN	21e. PLACE OF INJURY		211 LOCATION	CITY OR TOW	N	COUNTY	STATE		
WHILE NOT WHILE AT WORK	(AT HOME, STREET FACTORY, C	OFFICE, FARM ETC }	SIRCEI	CITTORTOW		CODIAIT	STATE		
	pital Lattended the deceased	Irom OCT	15, 81	NOV 5,		81	that X (we) last		
saw the deceased alive of	pital attended the deceased NOV 5.	19 81	nd that in ((aur) apınıan a	death accurred on the date	e and have				
22b SIG	1) view the body after death.		DEGREE						
1411/	Suladin		ATTENDING	MEDICAL STAFF		22c DATE	SIGNED		
11111	MINIM M	9	PHYSICIAN	DIRECTOR PHYSICIA		1//-	601		
22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS			(27.00/		
111.6	MILHUI		/62	0-YORK ROAD	TOWS	UN MD 2	11204		
30 BURIAL, CREMATION, REMOVA	L 23b. DATE	23t. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	47.74		
Burial	11/9/81	St. John	n's Long Green		ore	Hydes	Marylan		
FUNERAL DIRECTOR				REC'D. BY REGISTRAR 25			Withen.		
uck Towson Funer		1050 Yor	k Road NO	19 1981 7	sences	Jan	lenter		
YOU TOMPOUT TRUICT	or atomos Tiles	2000 101		100191	-	1.0			

DHMH - 16 50M 1/81 (VRA 15, 4)

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HOL - 1992 R MER H			
	TATTECO	H MANAGE	

6	No.	
	pe	10 6

nding physician and completely filled in by the corbangapers. Pages 1 and 2 shauld be filed with

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MO	ONTH DAY YEAR 26 HOUR
EDNA	May	SMITHSON.	//	a5 81 734 M
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE IN YEARS LAST BIRTHE	MONTHS DATS HOURS MIN.
TEMALE	WHITE	05 29 1895	86	YRS
BIRTHPLACE LATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY?	9 BALTIMORE CITY OR	COUNTY OF DEATH
Maryland	USA	WIDOWED DIVORCED	Baltimore	County
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	URSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	
Rossville	MANORCH	FRE ROSSVILLE	Housewife	Homemaking
USUAL RESIDENCE HE NURSING HOME 130 STATE 136 CO	UNTY 13¢ CITY OR	TOWN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	
	timore Over			lor Avenue
14. FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN N	MIDDLE	LAST
Edward	Dins			Barwick
(YES NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	SECURITY NO. 17 INFORMANT	ADDRESS	
No	220-2	4-7566 Francis S	Soistman, J:	r. 20 Medici Ct
Canditions, if ony, which gove rise to immediate cause a storing the underlying couse lost	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) (c)		MAINAL DISEASE OR CONDIT	TION GIVENIN PART 1/a
& Pinhet		fent our way tweet on g	idion. Perceg	orheres.
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED		IN CERTIFYING CAUSES OF DEATH? YES NO NO
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF COURT INTERPRETATION OF C		DAY YEAR	JRRED (ENTER NATURE OF INJURY I	n ITEM 18, PART 1 OR PART 2)
21d INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
WHILE AT WORK				
saw the deceased alive	spital attended the deceased in 11-25-8/	, 19 (2), 19 (n death accurred on the date	ond hour and from the causes stated
27b. SIGNATURE	C. KG 20	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	226 DATE SIGNED 11-25-81
224 PHYSICIAN'S NAME (TYP	OR PRINT)	??e ADDRESS		
John C. Hy	Te. M.D.	7527 Bel:	air Road AA	CT021236

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the otten should be detached for use as the burial-transit permit. Then please remove a with the State Dept, of Health and Mental Hygiene prior to burial, cremation,

ATTENDING PHYSICIAN.

TO HOSPITAL OR ATTEN

with the State Deptr or recommend in 18 shows any MAPORTANT: If them 21 is marked or litem 18 shows any

23h DATE 81

Home

Lassahn Funeral

230 NAME OF CEMETERY OR CREMATORY Balto.National

Baltimore

Md.

230 BURIAL CREMATION, REMOVAL Burial 250 DATE RECD. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 7401

Belair Road

The transfer of the state of th TO THE PARTY OF TH Application of the second seco

Mitchell-Wiedefeld Home, Inc. Balto., Md. 2121

FOR

- STATE

DHMH-17

(VR A15 ME (5)) 15M 2/80

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO 20 DATE KNOWN X 8 DEATH MATED 19 DATE 7:30 PRONOUNCED 8 DEAD PM 19 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12m USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 9810 Gwynn Park Dr. LAST Same BETWEEN ONSET AND DEATH HEAD ONLY CITY OR TOWN COUNTY DATE 11-26-81 Baltimore City, Maryland

North-last willen it. creeden and

Parties tedescript or an incomparison of the parties of the partie

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10		
	CEASED NAME	FIRST	MIDDLE	(AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	CRPRINTI	MARY	PAT	SNF	11	October 2	9. 198	31	6:05p M
3 SE	X		RACE	5. DATE C		6. AGE (IN YEARS LAST B		IF UNDER I YEAR	IF INDER LA HRY
F	: LADLS		MH:TS	MONTH	- 23 - ICI TEAR	5.5	YRS.	MONTHS DAYS	HUURS MIN.
	IRTHPLACE A E OR	FOREIGN 7b	CITIZEN OF WHAT COUNT	RY? 8	5 10	9 BALTIMORE CITY		Y OF DEATH	
0	LACY DO	^	150.		D NEVER MARRIED				
10_C	ITY OR TOWN OF DE	ATH 11.	NAME OF HOSPITAL, NUI	WIDOWE RSING HOME C		Baltimore			MD F BUSINESS OR
0	V	16	(IF NOT IN SUCH FACILITY, GIVE ST			(TYPE OF WORK FOR MOST	OF WORKING L	IFE) INDUSTRY	
2_	AL BESTDENICE US NUMBER	LINE HOME OF OU	FRANKLIN	SQUAR	& HOSPITA	L OPERATO!	8	BANK	ing
	STATE	136 COUNTY	FER INSTITUTION GIVE RESIDENCE BE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
1	10.	BALT	0.		YES NO NO				
14 F/	ATHER'S NAME	MIDI	DLE LAST		15 MOTHER'S MAIDEN N				
(250865	7	HTIME	< 0	1' OT HE	MIDDLE T		GATE	14
160 \	WAS DECEASED EVER	R IN U.S. ARMEI	D FORCES? 166 SOCIAL	ECURITY NO.	17 INFORMANT	ADDR	ESS	CHIZ	<u> </u>
- 1	YES NO OR UNKNOWN)	HE YES, GIVE W	AR OR DATES)	" In Justine	Too W	Ricano			
_	00		91,118	4557	I FIAMILY OF	KICORDS		I CHREAD.	
	PART I. DEATH V		ine couse per line for ia , (b)						MATE INTERVAL DISET AND DEATH
	11	IMMEDIATE C	AUSE (a) Acute S	Suppurat	tive Bronchon	oneumonia, Bi	later	al	
	4290		DUE TO, OR AS A CONSE	OUENCE OF					
	Conditions, If ony	, which	Arterio	sclero	tic Cardiovas	scular Disea	SP		
	gove rise to im		DUE TO, OR AS A CONSE						
	underlying cause		DOE TO, OR AS A CONSE	OUENCE OF					
	PART 2 OTHER SIG	NIEICANT CON	NDITIONS CONTRIBUTING	TO DE ATH BUT	NOT PELATED TO THE TER	PANNIAL DISEASE OD CON	IDITION CI	VENUE DADE I	
Z	-AKI 2 OTTEK SIO	INII ICAINI COI	DITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COL	IDITION GI	VEN IN PART I	
CERTIFICATION	190 DATE OF OPERA	TION	196 CONDITION FOR WH	ICH OPERATIO	N WAS DEDECTARED	20g AUTOPSY?	Tank IF VE	S. WERE FINDIN	ICE LISED
FIC	The Brite of Great		The Condition Follows	ien of Examo	TO THE OWNER	200 4010751		FYING CAUSES	
RTI						YES X NO		ES 🗍	NO 🗌
	OR CONTRIBUTING		HOUR A.M. MONTH	DAY YEAR	214 HOW INJURY OCCU	IRRED (ENTER NATURE OF INJ	JRY IN ITEM 18	PART OR PART 2)	
CAL	(IF EITHER NOTIFY MED		P.M.	19					
MEDICAL	21d. INJURY OCCUR	RED	21e PLACE OF INJURY		211 LOCATION STREET	CITY OR I	NAME .	COUNTY	STATE
Z	WHILE NOT W	HILE	(AT HOME STREET FACTORY OFF	ICE FARM ETC)	SIMPET	CHYORA) WIN	COOMIT	STATE
			ottended the deceased fro	Sentem	ber 23 10 81	o_Octobe	or 29	19_81	that 🗶 (we) lost
	sow the deceos	ed olive on	ctober 29		id that in 19 (our) opinio				
	above, (we) (22b. SIGNATURE	didital not vi	ew the body after death.		DEGREE			22c DATE	

230 BURIAL CREMATION, REMOVAL BURIAL

22d. PHYSICIAN'S NAME (TYPE OR PRIN

230 NAME OF CEMETERY OR CREMATORY

MEDICAL STAFF
DIRECTOR PHYSICIAN

9000 Franklin Square Drive 21237

220 DATE SIGNED

24 FUNERAL DIRECTOR

FOR

H. Hernandez

should be detached for use as with the State Dept of Health TO FUNERAL DIRECTOR

MPORTANT: If Item 21 is

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the should be detached for use as the buriol-transit permit. Then please remove carbonapopers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

injury, or other troumotic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows ony

poge 3

STATE OF MARYLAND

1.	STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYG	REG. N	0	0	- I lim
	CEASED NAME	FIRST	٨	MIDDLE	i	AST		MONTH	DAY YEAR	2b HOUR
(IAKI	E OR RRINT)	LOIS	ST	EWART	SI	NELLING		11 1	8 81.	11-47 AM
3. SE	The state of the s	married with the said of the later	RACE	22 1111111	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HR
	Female		Cau	С.	2	12 1904	77	YRS	MUNITS BATS	HOURS MIN.
	IRTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	OF DEATH	
M	aryland		U.S.	A.	WIDOWE		Baltimor	e Cor	intv	MD
10 C	ITY OR TOWN OF DEA	TH 11		HOSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON	12b. KIND C	OF BUSINESS OR
	andallstown		Balto.	County C	iener	al Hospital	Homema			
13a :	faryland	13b. COUNTY Balto		131. CITY OR TOWN	1	13d INSIDE CITY LIMITS? YES NO 🙀	16505 Yeo	hoe F	Road #	#21152
14 F/	ATHER'S NAME	_MID	DLE	LAST		15. MOTHER'S MAIDEN NA	ME		145	5.7
	Frank	Ro	oland	Tubbs		Isabel	NMN	5	Shipley	
	WAS DECEASED EVER YES, NO OR UNKNOWN) NO	(IF YES, GIVE W		213-01-		Elaine Fost	Spark er 16505 N	s, M	arvlan	d 21152
	18 CAUSE OF DEATH					2202110 1 051	201 10303]	Leono		IMATE INTERVAL ONSET AND DEATH
	PART I. DEATH W Conditions, if ony, gove rise to imm couse to, storing underlying cause	which nediote	DUE TO, OF	RAS A CONSEQUE	NCE OF		vent as	, my +1		
NOI	/ / /4	UD .	nditions <u>cc</u>	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONI	DITION GIV	EN IN PART 10	0
TIFICAT	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH (OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDING CAUSES	
MEDICAL CERTIFICATION	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	21b. TIME OI HOUR A.A P.A	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	RY IN ITEM TE	RART OR RART 2)	
MEDI	21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	ILE [21e PLACE C	OF INJURY EET, FACTORY, OFFICE, FA	RM ETC }	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a. I certify that (I) sow the decease above, (I) (we) (d	d olive on	11-1	19), on	d that in (my) (our) opinion of	to	ote and hou		that (I) (we) lost couses stated
	22b. SIGNATURE	m. Sh			(DEGREE ATTENDING PHYSICIAN	MEDICAL STAR		22c. DATE	SIGNED 18 - 81.
	22d. PHYSICIAN'S NA	ME ITYPE OF PR		11		220 ADDRESS B-C-	ででくい	bert	7 20	

BP

DHMH - 16 50M 1/B1 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL Burial

236 DATE 11/21/1981

R-M. SHAH

24 FUNERAL DIRECTOR

Druid Ridge Cemetery Pikesville Balto. Maryland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR SIGNATURE MATCH.

10 W. Padonia Rd. NOV 20198

J. E. Lowell Lemmon 10 W. Padonia Rd.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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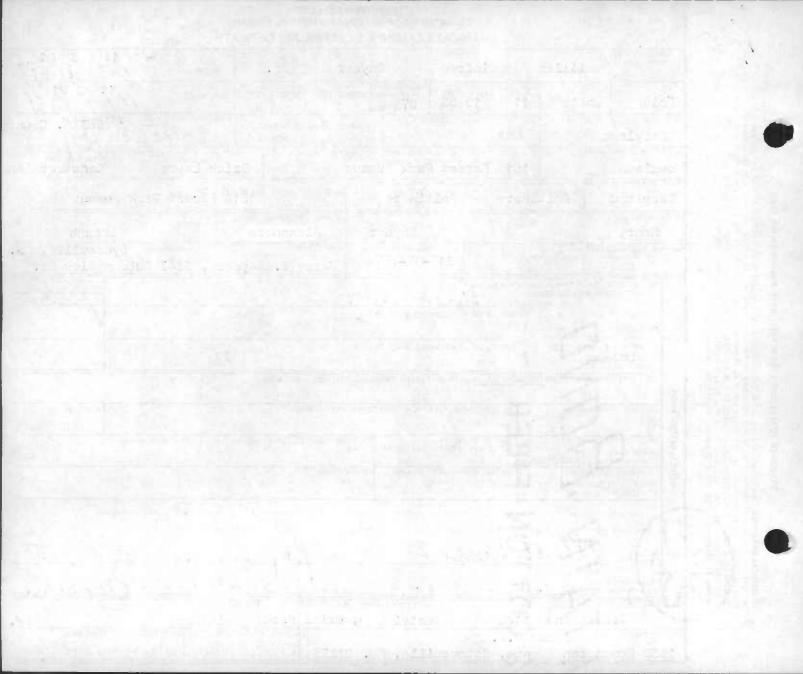
Jet .	1	FOR - STATE REGISTRAR			DEPARTN		ICATE OF DEATH	REG. NO	28295
		DECEASED NAME	FIRST		MIDDLE	L	A\$1	28 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
deoth deoth	L		ELL			_	VYDER	11	26/8/ 200
1	3 :	MALE		4 RACE WHIT	Е	5. DATE C	T. 22, 1917	6. AGE (IN YEARS LAST BIRTHDAY) 64 YRS	MONTHS DATE HOURS MIN.
M		BIRTHPLACE MATE OF FI		USA		WIDOWE		9 BALTIMORE CITY OR COUN BALTIMORE	
by the filled with	1	RANDALLS	ΓOWN	BALTTI	MORE COUN	TYESGE	N. HOSP.	120 USUAL OCCUPATION (TYPE MERCHANT WORKING	126 KIND OF BUSINESS OR INDURETAIL
hauld be	130		13b COUN BA	OTHER INSTITUTION	BALTIMO		13d, INSIDE CITY LIMITS?	13e. 27855 MARNAT R	D., APT. B
ond 2 s		FATHER'S NAME NATHAN			SNYDE'R ST		15 MOTHER'S MAIDEN NAM		PRUCELL
s. Poges	160	WAS DECEASED EVER		MED FORCES?	213-03-8		17. INFORMANT MR 2835 MARNAT	S. SYLVIA SNYDE RD., APT. B	R #21209
a physicic on poper emavol.		18 CAUSE OF DEATH PART I. DEATH WA	AS CAUSE	ly one couse per D BY E CAUSE (o)	r line for (a., (b), and		mic Shock		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
nove corb otion, ar r troumatic		Conditions, if any,		DUE TO, O	R AS A CONSEQUE	KE OF L	expectation	Inferdier	10 days
d by the eose ren al, crem ar ather t		cause (o , stating underlying cause	the .	DUE TO, O	R AS A CONSEQUE	NCE OF)		
Then pl	NO	PART 2. OTHER SIGN	IFICANT C	Orale	ontributing to D	LILLE	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION G	IVEN IN PART TO
t permit iene prio	CERTIFICATION	19a. DATE OF OPERAT	ION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{NO} \)
ertrificate nol-trons ntal Hyg em 18 sh		00.000,000,000,000	AUSE OF DEA			Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18	B PART : ORPART 2)
er this cand we and we ked or it	MEDICAL	21d. INJURY OCCURR	ED LE	21e. PLACE			211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TOR: After use a of Health		220.1 certify that (1) (d alive an.	11/2	26 190	1 00	d that in (my) (our) opinion of	to 11 26	that (I) (we) last our and from the causes stated
RAL DIREC detached tate Dept.		obove, (I) (we) (di	bert	Lus	mleel		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
should be with the S	1	Rebarre	0 6	To	nbull		Balto (aunty Shal	Hospital.
		BURIAL CREMATION, F		NOV.2	7,1981 H	EBREW	YOUNG MEN	23d LOCATION CITY OF TOWN BALTIMORE	MARYLAND
16 50M 1/81 (A 15, 4)	24	FUNERAL DIRECTOR S	SOL L	EVINSON	& BROS.,	INC.	21215 DE (E REC'D. BY REGISTRAR 25b. REGIS	Strar's SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

20 10 0010 0000	
1477/11/11	

		FOR STATE REGISTRAR		STAT PARTMENT OF H CAL EXAMINE		MENTAL HY	DEATH	EG. NO.	8 2	9 01
S 8 8 8 11		CEASED NAME FIRST William		ed S	inyder	Sr.	20. DATE KNO OF EST DEATH MAT		NTH 1 DAY 3"	FAR BA HOUR
RY. PLEASE DIRECTOR YOUR FILES. J 72 HOURS ON STREET.	3 SEX	RACE White	5. DATE OF BIRTH MONTH DAY 11 15	YEAR B3 97 YRS	MONTHS DA		HRS. IL DATE PRONDUNCED DEAD	1	110 3	81 91. M
S'NECESS RY. EFFUNERAL DIS	Je. B	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHA	T COUNTRY?	MARRIED M	NEVER MARRIED DIVORCED	- V. BALTIMORE	Z-C	ONLY OF DEAT	Count
O STEEL		TY OR TOWN OF DEATH		TAL, NURSING HOME, ITY, GIVE STREET ADDRESS) EST PAIK AV	OR OTHER INS	TITUTION 12	Brick Lay	ON (TYPE OF WO	OR INC	F BUSINESS DUSTRY truction
AND		AL RESIDENCE (IF IN NURSING HOME O		RESIDENCE BEFORE ADMISSION BALCITY OR TOWN BALCIMOTE		SIDE CITY LIMITS?	1518 Fores	t Park	Avenue	
A PERSONAL	14. F/	THER'S NAME Henry	MIDDLE	LAST Snyde		THER'S MAIDEN	NAME		Ebaugh	1
AFTEI AFTEI NE P. VE P.	16a. V	VAS DECEASED EVER IN U.S. ARA ES, NO, OR UNKNOWN) (IF YES, GIVE V	MED FORCES? VAR OR DATES)	317-07-55	7 /4	ORMANT			Sykesvi: umn Vie	lle, Md. w Dr.
15, 301 W. PRESTON ST., I KECUTED WITHIN 24 HOU G" IN PENCIL IN ITEM 18. G" IN PENCIL IN ITEM 18. BURIAL-ITEMSIT PERMIT. AND MENTAL HYGIENE. D ON, OR REMOVAL.	NO	18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED IMMEDIAT Conditions, if ony, which gave rise to immediate couse (a) stating the underlying cause last. PART 2 DTHER SIGNIFICANT (DNDITIONS)	DUE TO, OR AS	S A CONSEQUENCE O	F	DITION GIVEN IN PART 1	(0).		BOT WEEN	XIMATE INTERVAL ONSET AND DE ATH
A SOLDE	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITIO	N FOR WHICH OPERA	TION WAS PER	FORMED?			20. AUTO	
CERTIFICATE SHOULD THE WORD DED TO THE CH 3 SHOULD BE UPREATOR TO BE UPRIOR TO BURIAL.		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME OF IN HOUR A.M. /		21c. HOW INJ	TURY OCCURRED	ENTER NATURE OF INJURY IN	ITEM 18 PART I C		
DIVISION THIS CERTIFIC WARTING TH WARDED TO PAGE 3 SHOL TATE DEPARTY	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF STREET, FACTOR	INJURY (AT HOME,	211. LOCATION STREET	٧	CITY OR TOWN		COUNTY	STATE
MEDICAL EXAMINER: CUTE THE CERTIFICATE SE 4 SHOULD BE FOR FUNER LD IRECTOR: ER DEATH, WITH THE STIMORE, MARYLAND, 2		22a I certify that Lloak charg death resulted from. Nature ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	ol couses D; A	bed obove, held on ccident , Suice		lomicide	Undetermined monner MEDICAL EXAMINER OFFICE A	DA SK	ATE 11/ GNED 11/	4/87
BAT TAR	23e.B	URIAL, CREMATION, REMOVAL 2. PECIFY) Cremation	11/6/81	23c. NAME OF CEM Westview			23d LOCATION CITY OF TOWN Baltimore		COUNTY	STATE Md.
DHMH - 17 (VR A15 ME (5)) 30M 7/73		UNERAL DIRECTOR Witzk 530 Edmondson Av	e P.A. Cato	onsville, M	id. 2122	NOULE	D. BY REGISTRAR 25		e's signature	



e carban popers. Pages 1 and 2 should be fi

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion should be detoched far use as the burial-transit permit. Then please remove carbon papers. P with the State Dept, of Health and Mental Hygiene prior ta burial, cremation, ar remayal.

MPORTANT: If Hem 21 is morked or Hem 18 shows ony

24 FUNERAL DIRECTOR

	STATE OF
OR	DEPARTMENT OF HEALT

MARYLAND LTH AND MENTAL HYGIENE

3 2

1-	STATE REGISTRAR	DEPARTN	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	23243
	EASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MO	NTH DAY YEAR 26 HOUR
TYPE	Ja	ames Allen Si	PANGLER	November 9	, 1981 2:10 p _M
3,583		4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	AY) IF UNDER YEAR IF UNDER 24 HR
IV	lale	White	Aug. 6, 1945	36	YRS DAYS HOURS MIN.
7s. 518	THE LALE I STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED XX	9 BALTIMORE CITY OR C	
Pe	nnsylvania	U.S.A.	WIDOWED DIVORCED	Baltimore	County
10	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	ADDRESS)	120 USUAL OCCUPATION	
and a	Rossville		are Hospital	Repairman	Appliance
130 S1	TATE 136 COU		N 13d INSIDE CITY LIMITS?	13: STREET ADDRESS 8827 Old I	
	ryland Bal	ltimore 2123	YES NO 🔏		Harford Road
IT I A	FIRST	MIDDLE LAST	FIRST_	WIDDIE	Beecher
16n W	John V	N. Spangle:		ADDRESS	beecher
(1)	ES NO OR UNKNOWN) (1F YES GI	etnam 215-42-		Spangler Ba	alto., MD 21234
1		nly one couse per line for (a, b) and		phangret pa	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	ED DV	enic shock		BETWEEN ONSET AND DEATH
	LL 1 A			101 - 0 - 11 7	
	Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	on of inferior myo	cardial infar	ection
	gove rise to immediate cause io, stating the	DUE TO, OR AS A CONSEQUE			
-	underlying couse lost		ost acute inferola	ateral myocar	dial infarction
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ON GIVEN IN PART 1 0
è.					
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20	Ib. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH?
ET.		7 700 700 05 00000		YES NO	YES NO
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART OR PART 2)
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.M.	19 216 LOCATION		
-	WHILE NOT WHILE	THE PLACE OF INJUNT		CITY OR TOWN	COUNTY
	AT WORK AT WORK	oital) attended the deceased from	November 8 8	1 November	9 81
		November 9	81 , and that in ((our) opinion	death accurred on the date of	and hour and from the causes stated
	22b. SIGNATURE) /	DEGREE		22c DATE SIGNED
	Stevens	stugler, M.	O. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/9/81
	226 PHYSICIAN'S NAME TYPE C		22e ADDRESS		
	Steven B. S	Snyder MD	9000 Frank	klin; Square	ur., 2123/
230 BL	JRIAL, CREMATION, REMOVAL	236 DATE 23c N	AME OF CEMETERY OR CREMATORY	23d LOCATION	Out
	Burial	Nov. 13, 81St	.Pauls Lutheran	Church Har	nover. PA.

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

81St. Pauls Lutheran Church Hanover, PA.

William E. Johnson 8521 Loch Raven Blvd.

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		REGISTRAR				CEKIII	ICATE OF DEATH	REG. NO	D.		
V	TYPE	CEASED NAME OR PRINT)	Frank		E.		'ANG	November	17, 1	DAY YEAR	11:15am
9	II SE)	Male		Caucas	sian	May	DF BIRTH 10 DAY 1 907AR	6 AGE (IN YEARS LAST BIRT	(HDAY)	MONTHS DAYS	
1	1	RTHPLACE (STATE Marylan	d	U.S	WHAT COUNTRY?	WIDOWE	Trend	9. BALTIMORE CITY O Baltimore	Cour		MD.
	Ва	altimor	e e	Frank	clin Squ	are	Hospital	(Type of work for most o Manager			atre
-	13a S	at residence (# aryland	135 COUN		Baltim		134 INSIDE CITY LIMITS?	3561 EIm	ley	Ave. 2	21213
)	14 FA	George		MIDDLE	Stang		Salliy				AST
	16a V	VAS DECEASED E	VER IN U.S. AR	MED FORCES? (E WAR OR DATES)	212-07-		Mary C.	Stang S		as 13	9
		Conditions, if gove rise to cause 101, s underlying co	any, which immediate toting the	(b)_	R AS A CONSEQUE VASCULAT R AS A CONSEQUE	NCE OF Dise	ease with old		u10=		
	NOI	PART 2 OTHER :	SIGNIFICANT	CONDITIONS <u>Co</u>	ontributing to d	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	VEN IN PART I	a
	CERTIFICATION	19a. DATE OF OPI	ERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES X NO	IN CERTI	S, WERE FINDI FYING CAUSE: ES XX	
	MEDICAL CER	21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY 21d. INJURY OCC	CAUSE OF DEA		m. month da m.	Y YEAR	21c. HOW INJURY OCCURE				
	WE		WORK (this boson		e deceased from		STREET 10 81			19 81	STATE that X (L e) last
		saw the dec above XI) (w 22b. SIGNATURE	eased alive on e1 (did) (did no	November to view the body	r717 19 after death.	3 <u>1</u> , or	nd that in 🐼 (our) opinion (or and from the	
		Ster	, en f	~	plu, M	(U).	ATTENDING PHYSICIAN	MEDICAL STAF			17/81
		Stever		yder, M.	D.		9000 Franklii	n Square Dr.	, Ba	lto., M	D 21237

TO FUNERAL DIRECTOR. After this certificate has bee should be detached for use as the burial-transit permit with the State Dept. of Health and Mental Hygiene pria IMPORTANT. If them 21 is marked or them 18 shaws any DHMH - 16 50M 1/81 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 11/20/81 Burial

13% NAME OF CEMETERY OR CREMATORY Loudon Park Cem.

Baltimore, Md.

24 FUNERAL DIRECTO'S chimunek Funeral Home, Inc. 3331 Brehms La.—Balto., Md. 21213

THE RESERVE OF THE PERSON OF THE PERSON OF PARTY OF THE PERSON OF THE PE Bur r Breing

1	th Foge 4	To desembly 77 houses gard	eg G
1201	our after dea	a tiled within	190
MARYLAND	ed within 24 h	mpletely filled und 2 shauld 9	aced popularies and person
BALTIMORE	outs he sweet	Ayson and o open. Poges I avail.	it the market
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO MOSPITAL OR ATTENDING PHYSICIAN. The low requires that the Seath certificate by the hospital or attending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the uther drap provider and completely liked in both framen discretely should be detached for use as the buriol-transit permit. Then please remains an appearance programment and the liked with 72 heart after with the State Dept. of Health and Mental Hygene prior to buriol, crematics, as remains.	IMPORTANT: If them 21 is morked or Item 18 shows any injury, or other transmattic event, the president and an accompany of the president of th
ORDS, 201 W.	requires that 1	en signed by 11 Then please nor to burial, cre	injury, or othe
F VITAL RECO	IAN The low physicion.	inficote hos bei	n 18 shows any
DIVISIONO	TO HOSPITAL OR ATTENDING PHYSICIAN. The laretined by the hospital or attending physician.	se as the burio	morked or Iter
	AL OR ATTEN	AL DIRECTOR detoched for u	T: If hem 21 is
	TO HOSPIT	should be a	IMPORTAN

STATE OF MARYLAND FOR STATE

1630 Edmondson Avenue, Catonsville, Md. 21228

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6 8

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
NOV 6 1981 Zerres

	REGISTRAR		CERTIT	ICAIL OI D	LAIN	REG. N	0.				
	CEASED NAME FIRST	MIDDLE		LAST		2a. DATE OF DEATH	HTMOM	OAY YEA	R	26 HOL	JR -
(1376	LUC]	ILLE		STE	INS		11	3	81	G	AM
3 SE	X	4 RACE	5. DATE C			6 AGE (IN YEARS LAST BIR	THOAY)	IF UNDER 1 Y		IF UNDER	24 HRS
	Female	White	MONTH 7	10	14	67	YRS.	MONTHS D	AYS	HOURS	MIN
	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT CO	UNTRY? 8	NIEVED A	AARRIED [9 BALTIMORE CITY	OR COUNT	Y OF DEATH	Н		
8	New York	USA	WIDOWE		VORCED [Baltin	nore (County			MD.
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	IVE STREET ADDRESS)		ITUTION	120 USUAL OCCUPAT TYPE OF WORK FOR MOST O			ID OF	Sto	ESS OR
	tonsville AL RESIDENCE (IF NURSING HOME O	Summit Nur	2			Weatred		Deb	100	000	110
130	STATE 136 COU	NTY 13c CITY		13d INSIDE C	NO [13e. STREET ADDRESS 817 South	ridge	Road			
14. F.	ATHER'S NAME	WIODIE	AST		MAIDEN NAM				LAST		
	George	Schlau		E	lizabet	:h				Mart	terei
160 \	WAS DECEASED EVER IN U.S. AF		AL SECURITY NO.	17 INFORMA		ADDR	ESS				
(YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR OATES)	03-4128	Mr. Jo	seph E	. Steins	Same	as #	13		
NC	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CO				Ploles		IVEN IN PAR	T Ira	2	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	IN CERT	S, WERE FIN	VD INC	OF DEAT	TH?
1	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE	HOUR A.M. MON	TH DAY YEAR	21¢ HOW IN	JURY OCCURR	YES NO		PART 1 OR PART	(2)	NO [
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY		211 LOCATION STREET	N	CITY OR TO	WN	COUNTY		57	TATE
	220 I certify that (I) (the saw the deceased alive or above, (I) (we) (did) (dried) 22b SIGNATURE	1 -1 / -7 1	19 0 , ar	DEGREE	TTENDING	, to death occurred on the d	FF		the co		last ated
	22d PHYSICIAN'S NAME (TYPE C Cliff Ratliff		· //	22e. ADDRES	\$	w Mall, Ba		re, Md		7-1	01
23a. E	BURIAL, CREMATION, REMOVAL BURIAL	L 23b, BATE	23c NAME OF C			23d LOCATION	ire	COUNTY		ST	Md.

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

15				
	beatle W		more polity and a large	
	Land Marie		2/200	
1			N. Second	100 1145
-67 yes	colotes y the c	december 5.70		

DHMH - 16 50M 1. (VRA 15, 4)

2	6	1	FOR - STATE REGISTRAR	DEPART	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8	2 8	,	9 8
-	1		ECEASED NAME FIRST PE OR PRINT)	WIDOLE		LAST	20 DATE OF DEATH	NONTH DAY	YEAR	26 HOUR
900			VIRGINI		RLIN		NOVEM		81	10:00AP
1	1	3. S		4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTH	MONTHS	DAYS	HOURS MIN
10.	(1)	100	Female BIRTHPLACE (TATE OR FOREIGN	Caucasian		15,1915	66	YRS.		
1	22	M	lá°rÿland	U.S.A.	MARRIE	ED NEVER MARRIED DIVORCED DIVORCED		ORE CO		MD.
by the	38	10.0	TOWSON	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE ST. JOSEF	HS HOME	or other institution ospital	120. USUAL OCCUPATION (LYPE OF WORK FOR MOST OF HOMEMAKE)	WORKING LIFE) INE	KIND OF	BUSINESS OR
filled in	3	130	Maryland Naryland	HER INSTITUTION GIVE RESIDENCE BEFORE	re admission) VN		13e STREET ADDRESS 617 N. Ro	se Str	eet	21205
ond 2 sh	Sex (ATHER'S NAME rlinirst	Moore Moore		Louise	WE			NOWN
on and ca	Z medical	160	WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GIT	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 215-05-		Raymond S	terling S		136	9
ding physicic arbon poper	tic event, the			nly one cause per line for a), (b), o ED BY: .TE CAUSE (a)		c Failu			APPROXIA BELWEEN O	ASET AND DEATH
by the atten	r ather traume		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE (c)	ver	cini	un'5		1 2	er
Then plum	injury, o	NO	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	4 4		PART lia	
t permit	huo smar	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	DN WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERI IN CERTIFYING (YES		
ertificate ial-trons	18 st 9 st		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM IS PART I OR	PART 2)	
fter this o	orked ar I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE.	FARM ETC)	211 LOCATION STREET	CITY OR TOW	N CO	IUNTY	STATE
for use	21 is mo		saw the deceased alive on	ital) attended the deceosed fram.		nd that in (my) (aur) opinion (, to death occurred on the dat	e and haur and f		hat (I) (we) last auses stated
detached	LT. If Item		22b. SIGNATURE	V. Petr.	00		MEDICAL STAFF	-	DATES	19/81
should be	MPORTAN		GPAG TU	1 - 1	CV.	22e ADDRESS	frage	. Ufos	p-6	1.
F 78 3	_		BURIAL, CREMATION, REMOVAL (SPECIF Burial	11/23/81 S	unny	_	Pk. CTIS	field;	Md.	STATE
16 50M A 15 41		24 F	TUNERAL DIRECTORS Chim	unek Funeral	Home	Inc213 250 DATI	EREC'D. BY REGISTRAR 2	Sh. REGISTRAR'S	SIGNATU	JRE .

2	3.	70	3. 70 10	N.	N	14		16	MEDICAL CEDITIES ATION	23
		35	20	-	36	973	30	1	99	
		it once.	politied p	be	myst	miner	exo	e medico	IMPORTANT: If them 21 is marked or Item 18 shows ony injury, or other troumotic event, the medical examiner must be aptified of once.	₹.
Ŋ	irs att	n /2 hou	led with	pe +	000	Z sho	ono (S. Poges	should be detached for use as the buriol-fransif permit Then please remove corbonpapers. Pages I and 2 should be filed within 72 hours att. with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.	5 3
9	ector.	nerol dir	by the fu	.u	lled	etely i	duo	on ond c	TO FUNERAL DIRECTOR. After this ceruficate has been signed by the ottending physician and completely filled in by the funeral director.	-
N	ge 4 m	eoth Pa	s ofter d	1000	24 }	vithin	ted v	pe execu	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 haurs offer death. Page 4 min. In retained by the haspital or attending physician.	7 5
			10	717	ND	KTLA	M.	IMORE	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND 21201	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ē.	60	V	to #4	8	

1-	REGISTRAR			DELA	CERTIF	ICATE OF DEATH		6. NO.	. •	
	CEASED NAME	FIRST		WIDDLE	ı	AST	20. DATE OF DEAT	H MONTH	DAY YEAR	2b. HOUR
(Marie		E		Stevens		11 2	21 81	5:15/tm
3. SE	X	11111	4 RACE	V	5. DATE C		6 AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
F	emale		White		MONTH 04	06 1913	68	YRS.	MONTHS BAYS	HOURS MIN.
7a. BI	RTHPLACE (STATE O	R FOREIGN 7	L CITIZEN OF	WHAT COUNTE	RY? 8	D NEVER MARRIED	9 BALTIMORE CIT		Y OF DEATH	
-	faryland	1	USA		WIDOWE		Baltim	ore Co	ountv	MD
10. CI	ITY OR TOWN OF DE	ATH				OR OTHER INSTITUTION	12a USUAL OCCUP	PATION	12b KIND C	OF BUSINESS OR
_	verlea		15 V	irgini	a Ave	nue	Housewi			making
13a S	AL RESIDENCE (IF NUI	136 COUN	TY	13c. CITY OR TO	OWN	134 INSIDE CITY LIMITS?	13e STREET ADDRE			
-	aryland	Balt:	imore	Overl	.ea	YES NO		inia A	lvenue	21236
14 F.A	John	A	NIDDLE	McNic	hlas	15. MOTHER'S MAIDEN NA FIRST Mary	WE	.E	Gi	llen
lóa V	VAS DECEASED EVE			16b. SOCIAL SE	CURITY NO.	17 INFORMANT	AD	DRESS		
()	NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	213-10	7585	Patricia J	ost 15	Virgi	inia A	venue
	18. CAUSE OF DEA	TH (Enter only	v one couse per	line for (o), (b),	ond (c)				APPROX	ONSET AND DEATH
	PART I. DEATH		BY:	5,	212010	COPD			ac i will a	ONSE! AND DEATH
	460	IMMEDIATE								
	7/6	0	DUE TO, O	R AS A CONSE	DUENCE OF					
	Conditions, if on gove rise to in		(b)_							
	couse (o), stat	ing the	DUE TO, O	R AS A CONSEC	DUENCE OF					
	underlying cous	1051.	(c)_							
NO	PART 2. OTHER SIC	SNIFICANT C	onditions <u>co</u>	ONTRIBUTING I	O DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR C	ONDITION GIV	VEN IN PART 1	01
CERTIFICATION	190 DATE OF OPER	ATION	196 COND	TION FOR WHI	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FIND	
LIFE			0.00				YES T NOT	_	FYING CAUSES	NO T
ER	21a. ACCIDENT WAS U	NDERLYING	21b. TIME O	FINJURY		21c HOW INJURY OCCUR				
11	OR CONTRIBUTING			M. MONTH						
MEDICAL	216 INJURY OCCU		P. 21e. PLACE		19	211 LOCATION			4	
ME	WHILE NOT V	VHILE		REET, FACTORY, OFFI	CE, FARM ETC)	STREET	CITY O	OR TOWN	COUNTY	STATE
	220 I certify that (t ottended th	e deceased from		1/17/10 78		11/18/	1981	that (I) (wa) last
	sow the deceo	sed alive on_		11/18/19		nd that in (my) (our) apinion	death occurred on th	e date and hou		
	obove, (I) (we) 22b. SIGNATURE	(drd) (did not	view the body	ofter death.		DEGREE			22c DATE	
	T,	4/	Ther	bon	me	ATTENDING PHYSICIAN	MEDICAL S	STAFF YSICIAN [11/	23/8/
	22d. PHYSICIAN'S N	AME (TYPE OR	PRINT)			220 ADDRESS 9000 FRANK	((14) 500	ME D	AIUS	
	Donald	Sher	ourne	, M.D.		BALTIMO	ee, MD.	21237	,,,,,	
23a B	BURIAL, CREMATION	, REMOVAL	23b. DATE	2.	R NAME OF C	EMETERY OR CREMATORY	23d LOCATION		60101811	63.45
	Burial		11/24	/81 G	ardens	s of Faith	Overlea		altimo:	re Md.
24 FU	UNERAL DIRECTOR					25a. PAI	E REC'D. BY REGISTR			
La	ssahn F	inera!	1 Home	7/101	Belai	ir Road	JA 7 2 138	Man	a grand	- Carlon

DHMH-16 30M 2/80 (VRA 15, 4)

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Salara Paul	SAME SAME	•	
amenining a single			

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	03	rs	,
	Po	der	ej.
U	O HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 haurs after death Page 4 an efformed by the haspital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. It is should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be filled within 72 hours often with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other troumatic event, the medical examiner must be natified at ance.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARYLAND 21201	24 hc	lled build b	myst
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Δ	NON I	R: Af	is mo
	ATTE	d for	m 21
	TO HOSPITAL OR ATTENDING PHYSICIAN. The efound by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar removal.	If He
	PITAL by 1	ERAL State	ANT-
	HOS	FUN wid b	ORT
	0 6	Of oh	M.

CERTIFICATION

MEDICAL

FOR - STATE

STATE OF MARYLAND REGISTRAR

		MIL	01 141	MULL	MIT	
DEP	ARTMENT	OF HE	ALTH	AND	MENTAL	HYGIENE
	CE	RTIFI	CATE	OF	DEATH	

	REG. N	VO.					
	2a DATE OF DEATH	HINOM	DAY	YEAR	2b HOL	JR .	
		11	30	81	111	55 AM	
	6 AGE (IN YEARS LAST 8	IF UND	IF UNDER I YEAR		IF UNDER 24 HRS		
	75	YRS	MONTHS	DAYS	HOURS	MIN.	
]	9. BALTIMORE CITY	OR COUN	TY OF DI	EATH			
	Baltimor	e Co	unty	7		MD	

	FIRST	N	IDDLE	l.	AST		Za DATE OF D	EATH MONTH	DAT	TEAR	26 HOUR
(TYPE OR PRINT)	luth	Este	elle	St	evens			11	30	81	1155
3. SEX		4 RACE	U.S. J. L. S.	5. DATE C			6 AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER		IF UNDER 24 H
Female		WHITE		12	26 1	905	75	YRS	MONTHS	DAYS	HOURS M
O. BIRTHPLACE (STATE OR FO	REIGN	76 CITIZEN OF V	WHAT COUNTRY?	8	NEVER MA	DDIED	9. BALTIMORE	CITY OR COUN	TY OF DEA	TH	
Maryland	1	USA		WIDOWE		RCED	Baltin	nore Co	unty		
O CITY OR TOWN OF DEAT	Н		OSPITAL, NURSIN		ROTHER INSTITU	JIION	12a USUAL OC	CUPATION OR MOST OF WORKING			BUSINESS
Chase			Daster		nue		House				aking
	3P CON		13c. CITY OR TOW		13d. INSIDE CITY	LIMITS?	130 STREET AD	DRESS Daste	rn A	ven	ue
4 FATHER'S NAME FIRST William	1	MIDDLE	Hause		15. MOTHER'S M	51		AIDDLE	Sel	1AST h i.1	1man
60 WAS DECEASED EVER IN			166. SOCIAL SECU	RITY NO.	17 INFORMANT			ADDRESS			
(YES NO OR UNKNOWN)	(IF YES, GIV!	E WAR OR DATES)	212-44-	-6381	Sarah	F. F	Paul 1	10406 V	ince	nt	Farm
18 CAUSE OF DEATH PART I. DEATH WA	(Enter on S CAUSEI MMEDIAT	ly one couse per D BY: E CAUSE (0)	CARDII	AC.	ARRES	T					NATE INTERVAL INSET AND DEAT
Conditions, it any, gove rise to imme cause (a), stating underlying cause	which ediate the	DUE TO, OF	AS A CONSEQUE	NCE OF			SCILAL	DISCAS	6 1	1 4	EAKS
PART 2 OTHER SIGNI	FICANTO	ONDITIONS CO	INTRIBUTING TO E	EATH BUT	NOT RELATED TO	O THE TERM	INAL DISEASE C	OR CONDITION (GIVEN IN P	ART 110	,

DIABETES MELLITUS 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

THE DATE OF OFERANO.	178. 631.611.611		YES 🗌	NOM	IN CERTIFYING	CAUSES OF DEA	_	
	216. TIME OF INJURY HOUR A.M. MONTH DAY P.M.		ED (ENTERN	(ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?)				
21d INJURY OCCURRED	21e. PLACE OF INJURY		211. LOCATION		CITY OF TO	WN	COUNTY	STAT

(AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK

22a.1 certify that (1) (this hospital) attended the deceased from, JULY saw the deceased alive on above, (1) (we) (etc) (did not) view the body after death. , and that in (my) (per) opinion death accurred an the date and haur and from the causes stated

22c DATE SIGNED DEGREE 22b. SIGNATURE ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 22e ADDRESS

Joseph Micelli, M. D.

108 S. Taylor Avenue

20a AUTOPSY?

23(. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. DATE Burial Ebenezer Cem. 24 FUNERAL DIRECTOR

Lassahn Funeral Home

7401 Belair Road

ddle

20b. IF YES, WERE FINDINGS USED

DHMH-16 30M 2/B0 (VRA 15, 4)

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	or or or it is				
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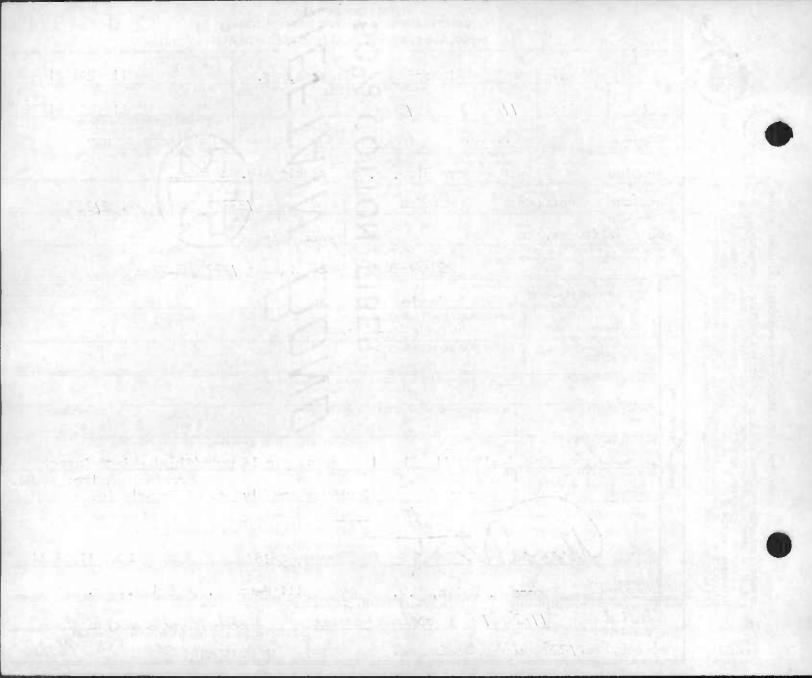
15M 2/80

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENES

(3)

	1-	STATE REGISTRAR		MED	DICAL EXAMIN	VER'S	CERTIFIC	ATE OF DE	ATH	REG. NO.	, 0	·)	1	
		EASED NAME	FIRST		WIDDLE		LAST		2a DATE KI	NOWN D	MONTH	DAY	YEAR	26 HOUR
			Wayne		Richard	5	teven:	s, Jr.	DEATH A	AATED	11	2119	81	M
	3 SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEAR LAST BIRTHE	EARS IF UN	DER 1 YR.	IF UNDER 24 HRS	2c. DATE		MÖNTH	DAY		2d HOUR
V		lale	White	11/5/62		rs.	JAI J	MIN.	DEAD	133	-11	2119		12:20
9	TOP .	RTHPLACE (ST. REIGN COUNTRY)	ATE OR	U. S.A.	AT COUNTRY?	8. MARRI WIDOW		ER MARRIED	9 BALTIMO	imore			TH	AAD
0		rbutus	OF DEATH	(IF NOT IN SUCH FAC	PITAL, NURSING HOM DUTY, GIVE STREET ADDRESS) Pern Blvd.			FOI	SUAL OCCUPA	TION (TYPE O		126 KIND	OF BUS DUSTRY	INESS
	130/51		IF IN NURSING HOME OF BULL	R OTHER INSTITUTION, GIV	13c. CITY OR TOWN	ION)		Y LIMITS? 13e ST	REET ADDRESS) t	21227	7	
7	Wo		Stevens, S	- MIDDLE	LAST		Gail	Rehmeye	MIDE			LAST		
	16a W	AS DECE ASED	EVER IN U.S. ARA	NED FORCES? WAR OR DATES)	220-74-28		Gail	R. Quinn	1222 B.	address ewster	, 54			
		18 CAUSE OF	ATH WAS CAUSED	y ane cause per line l BY: E CAUSE (a)	1	,70	Jacc 1	v. querur	1233 DA	ewster			XIMATE II NONSET A	NTERVAL AND DEATH
	フ		s, if any, which	DUE TO, OR	AS A CONSEQUENCE Chest Comp		on							
			e to immediate stating the <u>under-</u> se last.	< 1-1	AS A CONSEQUENCE		011							
	NO	PART 2 OTNER SIG	NIFICANT CONDITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERI	MINAL OISEASI	E OR CONDITION	GIVEN IN PART 1 ia .						
	MEDICAL CERTIFICATION	19a. DATE OF	OPERATION	196 CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORA	AED?	110			20 AUT	OPSY?	
	RTIF	21- EVIEDNIA	L CAUSE WAS	21b. TIME OF		To a second						YES	V	NO 🗆
2	L CE	UNDERLYING	⊠ OR	HOUR A.M.	MONTH DAY YEA	R		OCCURRED (ENTER						
	DICA	CONTRIBUTING		12:150x	X 1 2119 FINJURY (ATHOME.		passe	enger in			-			
5	ME		NOT WHILE X	STREET, FACTO	DRY, FARM, ETC.)	S	TREET	ern Blvd		rbutus Franc			•	Md.
3				Company of the Compan	ribed above, hild an		sy 🔝	Inspection .	Inquiry		ın my apı	inian		
		death resulte	d ram: 1 Nature	ol couses/L	Accident X . Su	uicide	, Hamici TITLE (SP		etermined man	ier [],				
		ACTUAL SIGNATURE _	Ymon	al)/	maxy	M		y Chiefue	DICAL EXAMIN	IER .	DATE	11/	21/	81
>	-	EXAMINER'S N		omas D. Sn	nith M.D.		ADDRESS	III Penn	St.	Balto	0	Md.		
	(SF	Burial	ION, REMOVAL 23		23c. NAME OF CE Woodlaw	METERY O	R CREMATO Retery	RY 23d L	ocation yor town	0 1	COUNT	Mary	STAT	ie -/
		MERAL DIRECT		SulphurS	pring Rd.		2	Sa. DATÉ REC'D. B		256 REGISTI	RAR'S SU	GNATURE	Weit	la



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the furnish should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed within 72 th with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANI: If them 21 is marked or Item 18 shows any injury, ar other troumatic event, the medical examiner must be navited in the

	1.	FOR - STATE	DEPARTM	AENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG	IENE B	2 8	3 0 2		
	1 DE	REGISTRAR CEASED NAME FIRST	WIDDLE		AST	REG. NO	O. MONIH DAY YEAR			
/		OR PRINT)	STONER				(1061 %)	26 HOUR // 30 AM.		
	3 SE		RACE	5. DATE C		November 8				
	-	ale	white	MONTH	5-29-1891 YEAR	90 YRS MONTHS DATS MICHES MIN.				
5	7a. BI	count nederick (0.	CITIZEN OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH			
2	10 CI	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSIN	WIDOWE G HOME C		Baltimore	ON 125 KINE	MD O OF BUSINESS OR		
7		Rossville	Franklin Sou		Pospital	Baken	F WORKING LIFE) INDUSTI			
35	F13a S	AL RESIDENCE IN NUR TO STATE	HER IN TUTION GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Balto.		13d. INSIDE CITY LIMITS? YES NO 🗆		Raspe Avenus	e=21206		
00	14 FA	ATHER'S NAME	DDLE LAST		15 MOTHER'S MAIDEN NAM	MIDDLE		LAST		
		WAS DECEASED EVER IN U.S. ARME	es Stoner DED FORCES? 166 SOCIAL SECUE	RITY NO.	17 INFORMANT	rgaret A. G	loung.			
X	(YES NO OR UNKNOWN) 1 IF YES, GIVE W	2/5-09-	9271	Mrs. Mary E.	Mr.Fanland-	4213 Raspe	Aug 2/20		
	Z	Conditions, if ony, which gove rise to immediate couse io. stating the underlying cause lost	DUE TO, OR AS A CONSEQUE (b) Progressiv DUE TO, OR AS A CONSEQUE (c) Arterioscl	NCE OF e ina NCE OF eroti	nition c cardiovascu			10		
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH (OPERATIO	N WAS PERFORMED	206. IF YES, WERE FIN IN CERTIFYING CAUS	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\cap \)			
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	21c HOW INJURY OCCURR	YES NO				
1	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FA	RM ETC)	211 LOCATION STREET	CITY OR TOV	VN COUNTY	STATE		
		220.1 certify that (I (this hospital saw the deceased alive an above, (I) (we) (did) (did not v	lovember 8 1081		27 , 19.81 ad that in (my) (our) opinion a	, to <u>Nov</u> 8 death accurred on the da	te and hour and from t	. that (I (we) lost he couses stated		
		226. SIGNATURE SMU	lner	n	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F 11/	TE SIGNED		
1		22d PHYSICIAN'S NAME (TYPE OR PE	LNBR		5400 Old Ca	rad Ra	ndallsten	121133		
	· '	SPECIFY) Burial	236 DATE 11-11-81 236 N	AME OF C	edeemen (em.	Balto.	Md21206	STATE		
	24 FL	John (. Miller	Inc-6415 Belain	Rd.	21206 25 NOT	PEC'D BY ROBS TRAIL	FEET PAR SIGN	AND CO		

John C. Miller Inc-6415 Belair Rd.-21206

(VRA 15, 4)

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				to) foliabeza
		linke to a	send address	(Many Edde
William 2/28	CONTRACTOR			
	range of Journ			Shired Charde
THE WORLD WENT	. Na acional-127	, man 1000	2/5-11-2/2	6
305				
		302/2-1	e etales 746 eu	our iller

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FOR STATE

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the filling to take the should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INPORTANT, If them 21 is marked as them 18 shows any injury, or other traumatic event, the medical examiner must be facilised at another.

STATE OF MARYLAND	- 74			60	17	
PARTMENT OF HEALTH AND MENTAL HYGIENE	3	1	600	O	Lage	Total State of the

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100	REGISTRAR		CEKTIFIC	AIE OF DEA	III	REG. N	0.		
	CEASED NAME FIRST	WIDDLE	LAS	T		20 DATE OF DEATH	MONTH DAY	EAR 2b HOUR	
FIYP	LIS		STRA	USE		November 5	, 1981	6:04	p M
3. SE	×	4 RACE	5. DATE OF	20	YEAR 40	6. AGE (IN YEARS LAST BI	YRS IF UNDER		AIN.
7a B	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8			9 BALTIMORE CITY		TH	
	DENMARK	VSA	WIDOWED	NEVER MAR		Baltimore	County		MD
10 C	ESSEX	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE FRANKLIN S	ADDRESS)	OTHER INSTITU	AL	TYPE OF WORK FOR MOST OF		IND OF BUSINES	SOR
130 3	STATE IND 136 COUL		POINT	3d INSIDE CITY YES NO	OP		ARSDA	LE R.	0
14 FA	ATHER'S NAME MORTON	LANGELVI	VD	MOTHER'S MA	NES	WIDDLE	e proposition	LAST	
	WAS DECEASED EVER IN U.S. AR	VE 11/40 000 D 1750		7 INFORMANT		ADDR	ESS		
	NO .	218-8	3-0911	ALLEN	571	RAUSE A	HUSBAN	O AB	OVE
	PART I. DEATH WAS CAUSE		testina	1 Hemor	rhage	complicat	BE:	PPROXIMATE INTERV.	AL EATH
	Conditions, if any, which gove rise to immediate couse to, stating the underlying couse lost	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE		Cirrhos	is of	Liver			
Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a								
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION	WAS PERFORMI	ED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C.		1?
1	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	DAY YEAR	21c HOW INJUR	RY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 8 PART I OR P	ART 2	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE	1	211 LOCATION		CITY OR TO	own cour	ITY STA	ATE
	22a I certify that X (this hospi	ital) attended the deceased from November 5 19 19 19 19 19 19 19 19 19 19 19 19 19	Octob 81 ond	er 19) that in (ix) (our	19 <u>81</u> r) opinion d	to Novembe	ote and hour and fro	, that X (we	e lost ed
	Truing	Gertifued	MD	PHY:	NDING SICIAN	MEDICAL STA DIRECTOR PHYSIC	FF _	DATE SIGNED	
	22d PHYSICIAN'S NAME (1YPE C	ng Gottfried				in Square	Drive 2123	37	
	BURIAL, CREMATION, REMOVAL	236 DATE 11/9/81 23c	HOLLS	METERY OR CREA	44	23d LOCATION CITY OF TOWN BAL	TO COUNTY	mo.	TE
24 FI	. 6. CONNE	ELLY 300 P	MACE	AVE	NO NO	V 1 0 1981	Pagnes SI	an Nath	la

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

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STATE OF MARYLAND

	-						MARYLAND			20 5		-
		FOR STATE			DEPARTMENT				Total B	2 0	UU	2
		REGISTRAR		M	EDICAL EXAM	MINER'S	CERTIFICA	ATE OF DEA	ATH REG.	NO.		
		CE ASED NAME	FIRST		WIOOLE		LAST		20. DATE KNOWN	MONTH (OAY YEAR	26 HOUR
18 at us 10 to	{ IYP}	E OR PRINT)	Zach	arv	Barthlolr	new	Strutt		OF ESTI-	Thursh .	1121981	1/30
東の語の語	3 SEX		4. RACE	S. DATE OF BIRTI		(IN YEARS IF U	NDER 1 YR. IF	UNDER 24 HRS.	2c DATE	MONTH MONTH	DAY YEAR	7H. HOUR
7.50 E E	7.	1010	White	MONTH DAY	Y YEAR LAST!	BIRTHOAY) MON		OURS MIN	PRONOUNCED		10 01	1130
27.00	-	Tale	White	Nov. 1	WHAT COUNTRY?	YRS.	- 4		9. BALTIMORE CITY	OR COUNTY	2 1981	TAM
拼送器正进		REIGN COUNTRY)					RIED NEVER			_		
SE 20		arylan		USA		WIDO		DIVORCED	Baltimo			MD
不可能を下	10. CH	TY OR TOWN (OF DEATH		DSPITAL, NURSING F		HER INSTITUTIO		MOST OF WORKING LIFE	TE UT WORK 12b	OR INDUSTR	SINESS
3521200	BA	LTIMO	RE	6701	N CHARLE	ES ST	GBMC			4		
O D N O O	JSUA 13a. ST		IF IN NURSING HOME		GIVE RESIDENCE BEFORE AL		had memerine	LIMITS? 13e. STF	DEET ADDRESS			
*ARESE		Maryla		imore	Phoeni				Stag Court	-		
H NHWZ		THER'S NAME			1 110 0112			MAIDEN NAMI	F			
PAN A		imber		B.	Strutt		FIRST		MIDOLE	тт.	LAST	
SW PE			DEVER IN U.S. AR		16b SOCIAL SEC	LIRITY NO	Glor:		J.	ss Phoen	irst	1
SES SES	(YE	S, NO, OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)	100 SOCIAL SEC							1.0
S A GIV		No					Kimbe	erly B.	Strutt 8 S	tag Cou		
NIT.		18 CAUSE OF	F DEATH (Enter or ATH WAS CAUSE	nly one couse per li	ne for (a), (b), and (c	1) -	-	- /			APPROXIMATE	
AL AL		-01/		TE CAUSE (o)	DUda	len -	Lntan	1/	RATH		SURG	0-11
N ALCONO		746	X		OR AS A CONSEQUE	NCE OF		, 6				
AANS ANS ANS ANS ANS ANS ANS ANS ANS ANS	0		is, if any, which		cm/a	NEG-	1 1	1222	7		30 Hx	5
ON THE WAY		couse (o)	stating the under-		R AS A CONSEQUE	NCE OF						
A A A A A		lying cou	ie lost.	(6)								HOLD
AND ATIC		PART 2 OTHER SIE	SNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	TH BUT NOT RELATED TO TH	E TERMINAL DISEA	SE DR CONDITION GIV	VEN IN PART 1 in				
NDIN NDIN NEDIC NS A I	N											
MEAL CHEAL	MEDICAL CERTIFICATION	19a DATE OF	OPERATION	TI9h CONE	DITION FOR WHICH	OPERATION	VAS PERFORMEI	D?		1	20 AUTOPSY?	
SAL SELECTION	FIC.											/_
NORE CH	RTI	210 EXTERNA	L CAUSE WAS	21h TIAAF	OF INJURY	121. 6	OW INTUING	CURRED	NATURE OF INJURY IN ITEM		YES 💮	NOL
A HE SECTION OF THE S	LCE	UNDERLYING	OR	HOUR A.	M. MONTH DAY	YEAR ZIL	OW INJURY OC	CORKED (ENIER	NATURE OF INJURY IN TIEM	18 PART 1 OK PART 2)	
PAR HO HO SOR	ICA		NG CAUSE OF			9						
CERT TINC DED 3 St DEP/ DEP/ 1 PRI	MED	21d. INJURY O	NOT WHILE IT		E OF INJURY (AT HO. ACTORY, FARM, ETC.)	ME 211. LC	CATION STREET		CITY OR TOWN	COUNT	Y	STATE
HIS AAR ATE 120		AT WORK	NOT WHILE D				T					
R: T				ge of the remains d	lescribed above, held	lon Auto	asy In	spection .	Inquiry .	and in my apinii	on	
ANGRETA		death resulte		rol couses .	Accident .	Suicide	Homicide		termined monner	1		
RECORD BY		Geom resone	16	TOT COUNTY E.	Accident [],	Soldide L	~		lermined monner	1,		,
2003 0 × 5		ACTUAL	KILLEL	11-IK	man -	12 Alle	THE (SPEC	Tal		DATE	11/1.1	0/
ZEX SER		SIGNATURE	2000		10000	uner	D. 1 1 1 1	MED MED	CAL EXAMINER	SIGNED_	112/	17-
W C C C C C C C C C C C C C C C C C C C	-	EXAMINER'S	NAME Cha	rles F.	O'Donnell	1	- /	7501 Y	ork Road,	Towso	n Md	212
TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH BALTIMORE,		(TYPE OR PRIN	٧١)				ADDRESS			TOWBO	ii, ivida	
F M T F 4 B	230. BU	PECIFY)	ION, REMOVAL				R CREMATORY		OCATION	COUNTY	STA	ATE
BP	24 5:	Buri INERAL DIREC		11/16/8			lley Ce	m. C	ockeysvill	e, Bal	to, Co.	Md.
DHMH - 17		NAME		AOORE	ss Tim	nonium	. IVId.	IOLIA A	Y REGISTRAR 256. RE	GISTRAR'S SIGI	NATURE	
(VR A15 ME (5)) 15M 2/80	Le	emmon	Mitche.	II-Wiede	feld, 10 V	W. Pac	lonia N	VUV 16	1981 Trance	es Jan	/ arther	,

Company of the contract of the The second state of the se TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6	1.	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL	HYGI	REG. N	2 (3 0	Jo
	(TYP)	CEASED NAME EORPRINTS Abr	aha	m	MIDDLE	Sud	haiter		20. DATE OF DEATH	MONTH DAY	8/	26 HOUR 5:25 PM
1	3 SE	MAI	LE	RACE	-AUCASIA		09 190	15	6 AGE (IN YEARS LAST BIR	YRS		FEMILER, JHRS HEJRS M.N.
198		IRTHPLACE WILLEOFF COUNTRY) [ASS.	DREIGN 7		WHAT COUNTRY	MARRIE WIDOWE			9. BALTIMORE CITY C BALTIN			MD.
35/		ANDALLSTOWN		IF NOT IN SUC	HOSPITAL, NURSI H FACILITY, GIVE STREE CO. GEN	T ADDRESS)	R OTHER INSTITUTION		128 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF PERSONNEL S	F WORKING LIFE)		F BUSINESS OR
r must be	USU.	AL RESIDENCE (IF NURSIN	NO HOLL OF O	THER INSTITUTION	BALTIMO	VN	13d INSIDE CITY LIMIT	TS?	13. STREET ADDRESS	1NH/Li	vill	CACIE
examine	14. FA	DAVID	M	DOLE	SOODHAL	TER	FANNIE	NAM	AE CIRCLE	PAP T UNK	XXXX NOWN	202
medical		WAS DECEASED EVER IT YES, NO OR UNKNOWN) NO		ED FORCES? WAR OR DATES)	166 SOCIAL SEC 042-07-				ROSE SUDHAT VILLAGE CIF		202	#21207
event, the		18 CAUSE OF DEATH PART I. DEATH WA	LEnter only AS CAUSED MMEDIATE	BY:	line for Pho	Cal	le cordi	ic	one t		APPROXIA BETWEEN C	MATE INTERVAL DISET AND DEATH
other traumotic		Conditions, if ony, gove rise to imme cause a stoting underlying couse	ediote	(b)_	r as a conseou		ASCU?	>				
injury or	NOI	PART 2 OTHER SIGNI	COD	DIDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMIN	NALAISE ASE OR CON	DYTON GIVEN I	N PART 1 a	
naws ony	CERTIFICATION	190 DATE OF OPERATI	NON	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?	206 IF YES, WE IN CERTIFYING	RE FINDING CAUSES	GS USED OF DEATH?
Item 18 sl		210 ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	AUSE OF DEATH	216. TIME O HOUR A. P.	M. MONTH D	AY YEAR	21c HOW INJURY OC	CURRE	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
arked ar	MEDICAL	21d INJURY OCCURRE	E 🗀	21e. PLACE	OF INJURY EET FACTORY, OFFICE	FARM, ETC)	21f. LOCATION STREET		CITY OF TO	WN	COUNTY	.TATE
n 21 is me		220 I certify that (1) (5 sow the deceased above, (1) (we) (di	d olive on	~50	100	107	d that (my) (our) opi	inion de	eath occurred on the de	te and hour and	from the c	ha (Twe) last couses stoted
ANT. If Her	1	22b. SIGNATURE	1/41/	Cky	(M)		DEGREE ATTENDIN PHYSICI		MEDICAL STAI	IAN	11-2	-41
MPORTAL		220 PHYSICIAN'S A	ME ITYPE (PS	CAD	Rich	,016.	6000	De	5人人	Durg	RD	. 2/10
-		BURIAL, CREMATION, R	EMOVAL	23b. DATE			EMETERY OR CREMATO	ORY	23d LOCATION CITY OF TOWN	co	UNTY	STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

BP. BURIAL 11-4-81 PETACH TIKVAH

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

ROSEDALE

BALTO.

6010 REISTERSTOWN RD., BALTO., MD 21215 250. DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

 IO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

retained by the haspital or attending physician.

BP.

DHMH · 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fills should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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- 14	([(3	ľN		

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3 0

R	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
1. DECE	ASED NAME FIRST		MIDDLE	ı	AST	20. DATE OF DEATH	MONIH, DA	1981	2b. HOUR
TITPE OR		se Fran	ces SUSIE			NOAFWE	2 6	1751	10.30
3 SEX	7.00	4. RACE	CE3_3031E	5. DATE C		6. AGE IN YEARS LAST BE	The second second	LINDER! YEAR	IF INDER 24 HR
CE	MALE	WHITE		DEC	10 1010	(07	YRS.	H UAT	HOURS MI
70. BIRTI	HPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY		OF DEATH	
	SYLAND	UNITER	STATES	MARRIE	D NEVER MARRIED U	Daltimone	Count		
	OR TOWN OF DEATH		7		OR OTHER INSTITUTION	Baltimore			F BUSINESS (
ESS	PV	FRANKI	CH FACILITY, GIVE STREET		KDITOI	(TYPE OF WORK FOR MOST O	-	INDUSTRY	_
#SUAL	RESIDENCE (IF NURSING HOM	E OR OTHER INSTITUTION	IN SOUA		OSPITAL	HOUSEW	IFE	HOM	
130 STA	0.0	YTAUC	13c. City or tow	N BALTO	13d INSIDE CITY LIMITS?	13e STREET ADDRESS		20	212-
MD 14 FATH	HER'S NAME	110	LCGUNT		YES NO		1M000	RO.	. 2122
1	FIRST	WIDDLE	LAST		FIRST	MIDDLE		LAST	
JOH	S DECEASED EVER IN U.S.	APAGED ECOCESS	16b SOCIAL SECU	OLI VID	KATHERINE 17 INFORMANT	DUVALI	223		
(YES.	NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)							22.7
	NO	In chapter	219-01-2	1001	M. SYSIE 5	509 PATAPS	VEI O		1231
18	PART I. DEATH WAS CAL	JSFD BY						BETWEEN C	MATE INTERVAL ONSET AND DEA
	IMMED	IATE CAUSE (a)	Cardiopul	monar	y Arrest				
	1629	DUE TO, C	R AS A CONSEQUE	NCE OF					
	Conditions, if any, which	(b)_	Small cel	1 Car	cinoma of the	e lung with	_		
(gave rise to immediate couse (a), stating the	DUE TO, C	OR AS A CONSEQUE	NCE OF					
-	underlying couse last.	(_{1c)} _	brain m	etast	asis	C. Clark			
P.	ART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	VIN PART 1 o	-
CERTIFICATION									
A 190	DATE OF OPERATION	196 CONE	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES,	WERE FINDIN	GS USED
E						YES NO NO	YES		NO [
U 21	accident was underlying	1100100 1	OF INJURY M. MONTH DA	V VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	OR PART 2)	
A C	OR CONTRIBUTING CAUSE OF	PEMILI	.M.	19					
MEDICAL	INJURY OCCURRED		OF INJURY		211 LOCATION	CITY OR TO	WA.	COUNTY	STATE
	WHILE NOT WHILE	(AT HOME, SI	TREET FACTORY, OFFICE FA	ARM, ETC.)	SIRCE	CIII OX IC		(00.111	31816
22	20.1 certify that A (this ho	ospital) attended t	he deceosed from		11-2 1981		1- 6 19	8/	that M (we)
	saw the deceased alive abave, () (we) (did) (die	90	19	, ar	ed that in (my) (our) opinion	death occurred on the d	ote and hour c	and from the c	couses stoted
22	2b. SIGNATURE	not view the body	offer deoff		DEGREE			22c. DATE S	SIGNED
	(A)	2 months	M.D		ATTENDING	MEDICAL STA	FF	11-6	_01
22	d. PHYSICIAN'S NAME (TY	PE OR PRINT)			22e ADDRESS	DIRECTOR PHYSIC	IAN	1 11-0	-01
	A. Ven	tio			0000 Fast	- Causas 5	and	01007	
22- 01:5			1	LALLE OF T	9000 Frank 1		irive,	21231	
230 BUR	RIAL, CREMATION, REMOV				EMETERY OR CREMATORY	3d LOCATION CITY OR TOWN		COUNTY	STATE
24 51111	BUKIHL	NOV	10, 1981 HOI	LY KI	DEEMER	16ALTIMOR	-	MD.	-
	ERAL DIRECTOR	10 0	ADDRESS		25a DA	NV 1 0 1001	25h REGISTRA	RISIGNATO	Parthe
7:0	. CONNEUY.	JR. 3	SOO MACE	E A	JENUE	0 1 0 1301	Chances	0	450

187 - 23/25/01L		
	SHILL IN SER STURM	
		(1000-230)
9400 776 776 180		
- TAVIKI	34(33)763	74,0940 450
TERRORE AND COMMON IN	to acte of post-joint -	214
94 - 490H 1393 10 - 4 - 4 - 4 - 1 1 1 1 1 1 1 1 1 1 1 1 1	SERVER BORN 1965 VOL.	

inding physicion and completely filled in by the funeral diffector, page 3 carbandopers. Pages 1 and 2 should be filed within 72 hours after death

signed by the offending physicion

medical examiner must be notifi

injury, or other troumotic event, the

	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	. HYGI		5. NO.	: 8	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.3
		CEASED NAME	FIRST		MIDDLE		AST		20. DATE OF DEAT	Н монтн	DAY	YEAR	2h HOUR
			Marga	ret	Elizabe	eth S	utton			11	9	81	12:23P _M
	3. SEX	X		4 RACE		5. DATE C			6. AGE (IN YEARS LAS	ST BIRTHDAY)	MONTHS	ER I YEAR	HOURS MIN
		Female			ite	Jun	e 19, 190)3	78	YRS			
5	2.0	RTHPLACE (STATE OF COUNTRY) aryland	r fo r eign		S.A.	MARRIE WIDOWE	D NEVER MARRIED		Baltimore CIT	_		EATH	MD
10	-	TY OR TOWN OF DE	ATH	(IF NOT IN SU	HOSPITAL, NURSING FACILITY, GIVE STREET 701 N. Ch	ADDRESS)	St. 21204		12a USUAL OCCUI	PATION	126	DUSTRY	BUSINESS OR
5	13a. S	al residence (if Nuistate aryland	13b COUN	ITY	GIVE RESIDENCE BEFOR 13c CITY OR TOW Jackson	VN	138 INSIDECITY LIMIT PYES NO X		13e. STREET ADDRE	Jarre	tts	vill	e Pike
b	14 FA	THER'S NAME FIRST Charles		Henry	Amrei	in	15 MOTHER'S MAIDER		MIDD	nn	E	icho	ltz
		vas deceased eve yes, no or unknown) No		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 218-40-		James T.	Sı		Phoe:			
		18 CAUSE OF DEA PART I. DEATH V	WAS CAUSE	ly one couse per DBY: E CAUSE (o)		ardia	1 Infarcti					APPROXII BETWEEN C	AATE INTERVAL
		Conditions, if on gove rise to imcause (a), statiunderlying cause	nmediate ing the	(b)_	R AS A CONSEOU	oscle	rosis, fin		ized Emp			year	\$
	NOI	PART 2. OTHER SIG	etes 1	onditions co	~ 1 /		NOT RELATED TO THE		A (NPH 50				
2	CERTIFICATION	Non		19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CERT			GS USED OF DEATH? NO
1		210. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEA	117	OF INJURY .M. MONTH D M.	AY YEAR	21c, HOW INJURY OC	CCURRE	D (ENTER NATURE OF	INJURY IN ITEM 18	PART I OI	R PART 2)	
	MEDICAL	21d. INJURY OCCUP	VHILE [OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC.)	21f LOCATION STREET		CITY C	OR TOWN	cc	YINUC	STATE
		22a. I certify that (I sow the decea above, (1) (22) 22b. SIGNATURE				DA LAT	DEGREE ATTENDIN	inion de		ne date and ha			

22e ADDRESS

Jarrettsville Pike Jacksonville, MD.

21131

STATE

Harford

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is morked or Item 18 sh retoined by the 23d LOCATION
CITY OF TOWN
Madonna 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE Burial 1981 Bethel Cemetery BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 (VRA 15, 4) Gladden Kurtz Jarrettsville

M.D.

Edward Molz

COMPANY OF THE PARTY OF THE PAR La comparation de la comparation della comparati et Icholt una versi nigami vytell . The perfect of the call of t The sale of the sa AUDITALIS THE PARTY SERVICE OF SERVICE AND AUDITALISM TO SERVICE A within 72 hours after

ould be f

ond

STATE OF MARYLAND FOR - STATE 2039553 CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE ()

	REG. N	10.			
	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
	NOVEMBER	17.	1	981	1:25
П	6 AGE (IN YEARS LAST B	RTHOAY)	IF UN	DER YEAR	IF UNDER 2

	REGIOTATE J/J/J				REG. N	10.		
	ECEASED NAME FIRST	WIDDIE		LAST	2a. DATE OF DEATH	MONTH DA	AY YEAR	2b HOUR
	JOSEPH		ηд	RASEWICZ	NOVEMBER	17.	1981	1:25A
3 SE		. RACE		OF BIRTH	6 AGE (IN YEARS LAST B	IRTHOAY)	FUNDER YEAR	IF INDER 24 HRS
	MATER	LITTINE	MONT		86		ONTHS DAYS	HOURS MIN.
7n B	MALE SIRTHPLACE (STATE OR FOREIGN 7)	WHITE CITIZEN OF WHAT COUNTRY?	Add committee office	EMBER 15, 189	9 BALTIMORE CITY	- 110	DEDEATH	1
	COUNTRY	CHIZEN OF WHAT COUNTY	MARRIE	D NEVER MARRIED	7 BALTIMORE CITT	OK COUNTY	JF DEATH	
_	OLAND	U.S.A.	WIDOW	76.63	BALTIMORE	COUNTY		M
10 C	CITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) 		OR OTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSINESS OF
	FORT HOWARD	VA MEDICAL CENT			(TYPE OF WORK FOR MOST	OF WORKING LIFE)	INDUSTRY	
#SU	JAL RESIDENCE (IF NULL DO)	THER INSTITUTION GIVE RESIDENCE BEFORE	chardelle by					
100	STATE THE COUNT	Y 130 CITY OR TOW	NA	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
_	ARYLAND	DAI	TU	YESX NO	622 N. EUT	PAW STR	HET	
14. F.	ATHER'S NAME FIRST MI	IDDLE LAST.		15. MOTHER'S MAIDEN NAM	4.IDDIF		LAS	51
		Tarasewic	Z	un.	K		50.	
	WAS DECEASED EVER IN U.S. ARM		IRITY NO.	17 INFORMANT	ADDR	RESS		
		WAR OR DATES)	045	OT TATEOUT DIRO	ODDC TANG	TACDM	TIOUIADT	100
	YES WWI	216 12 2		CLINICAL REC	URLUS, VAINC	PURT		
	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	RV.					BETWEEN	ONSET AND DEATH
	IMMEDIATE	CAUSE (0) LUNG CAN	CER					
. 0	1629	DUE TO, OR AS A CONSEQUE	NCF OF					
1	Conditions, if any, which	(jb)						
	gave rise to immediate couse (a), stating the)	V		1100			
-	underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF					
		(c)						
7	PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	NDITION GIVE	N IN PART 1	0
₫								
CA	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDI	
E	Probability of the state of the				YES IN NOT	YES		OF DEATH?
CERTIFICATION	21g. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		21c. HOW INJURY OCCURR	Marie Committee			140
	OR CONTRIBUTING CAUSE OF GEATH	HOUR A.M. MONTH DA	AY YEAR		(Elater law one of have	JRT IN HEN 16 PAR	OR PART 2)	
EDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19					
(ED	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE F	APAN FIC I	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
×	WHILE NOT WHILE AT WORK	TALLOWE STREET, PACTORY OFFICE P	ARM LIC)					
	22a.1 certify that (1) (this haspita	1) attended the deceased from N	OVEME	BER 1. 19 81	NOVEMB	ER 17.1	81	that (1) (we) las
	The state of the s	A TOTAL	0.4	. 17	, 10			mor (iii (we) ids

saw the deceased alive on NOVEMBER 17, 19 81, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death DEGREE ATTENDING MEDICAL STAFF
DIRECTOR PHYSICIAN narami hau PHYSICIAN

22e ADDRESS NARASIMHAN.

FORT HOWARD, MD 21052

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 11/19/81 Crownsville Vet.

Crownsville, Md.

24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 280 REGISTRAL TO THE TENT OF THE PROPERTY OF THE Zannino Funeral Home, 263 S. Conkling

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: the hospital

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should be detached with the State Dept.

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SION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	PHYSICIAN The law requires that the death certificate be executed within 24 haurs after death. Page 4 including physician.	this certificate has been signed by the ottending physicion and completely filled in by the funeral director in a ebinial-transit permit. Then please remove carbonpopers. Pages I and 2 should be filed within 72 haurs oftre additional transitions.
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STATE OF MARYLAND FOR STATE

Mitchell-Wiedefeld Home-6500 York Rd. 21212

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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6.4	0	nd.	3	9

1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	1. DECEASED NAME FIRST (TYPE OR PRINT) FRA	ANK J. TASKA, S	r.		1981
1	3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER YEAR IF INDER 24 HRS
1	Male	White	Nov. 28,1904	76 YRS.	MONTHS BATS POURS MIN.
5	To BIRTHPLACE TATE UK FOREIGN 7 COUNTRY) Maryland	Th CITIZEN OF WHAT COUNTRY?		PAITTMODE COL	
	Wiltondale, Balto	Co. Such Facility Give Street 7	IG HOME OR OTHER INSTITUTION ADDRESS) USSEX Road	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR
2	USUAL RESIDENCE IF NURSING HOME OR C 130. STATE 13b. COUNT Md. Balt	TY 13c. CITY OR TOW	N 13d INSIDE CITY LIMITS?	13. STREET ADDRESS 525 Sussex Road	1
	John Taska	AIDDLE LAST	15 MOTHER'S MAIDEN N	AME MIDDLE	LAST
1	160 WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES GIVE	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	
1		II 219-03-0	043 Casimera P.	Taska Same	
	Conditions, if any, which gove rise to immediate cause ion stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (c)	NCE OF	MINAL DISEASE OR CONDITION GIV	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
)	TING DATE OFFRATION 21a. ACCIDENT WAS UNDERLYING	tered Inor / he	OPERATION WAS PERFORMED	786 AUTOPSYT \$286 IF YES	WERE FINDINGS USED YING CAUSES OF DEATHY
			YEAR 19	IRRED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART I OR PARI 2)
	OR CONTRIBUTING CAUSE OF DEAT IF EITHER NOTIFY MEDICAL EXAMINER; 21d IN JURY OCCURED WHILE NOT WHILE AT WORK AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FA	ARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		al) attended the deceased from_			19, that (I) (we) lost
	sow the deceosed olive on abbits, (1) and sold light next	125	DEGREE ATTENDING PHYSICIAN	n death occurred on the date and hour MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
	22d PHYSICIAN'S NAME (TYPE OR		22e ADDRESS		
4		B. Hatton M.D	- 00202 1100		
	236. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		Dulaney Valley	CITY OR TOWN	COLINIV STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After should be detached with the State Dept.

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ond completely filled in by the funeral director ages fond 2 should be filed within 72 hours of

el must be to med or onge

MPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medical exam

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician.

	STATE OF MARYLAND POR STATE STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
		CEASED NAME FIRST OR PRINT) WALTER	MIDDLE	TEL	EWICZ.	20 DATE OF DEATH	MONTH DAY	81	605 M			
	3. SE)	Mple	1 RACE Role-	S DATE C	SAY SAR	6 AGE (IN YEARS LAST BIRT	YRS	INDER I YEAR	IF UNIT R 24 MRS.			
5		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	Ballo Ci	_	DEATH	MD.			
8	10 0	Swam Mil	11. NAME OF HOSPITAL, NU	TREET AND THE	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST O	ON F WORKING LIFE)	12b. KIND OI INDUSTRY	F BUSINESS OR			
		AL RESIDENCE (IF NURS	Ball		13d. INSIDE CITY LIMITS? YES NO	3 1 29 C	leurve	wi Px	ر کارے s			
X	14 FA	ATHER'S NAME FIRST	MIDDLE LAST	ich	15. MOTHER'S MAIDEN NA	MIDDLE		DOL	(2)			
2	()	VAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIALS E WAR OR DATES)	8871	FAMILY	RICOROS	SS					
		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE IMMEDIAT	ly one couse per lipfor (o), (b) BY E CAUSE (o)		wisley Wo	rrest.	9	APPROXIM RELIVEEN O	MATE INTERVAL DINSET AND DEATH			
		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A SONS!	ticer	nea			days?	,			
à		couse (o, stating the underlying couse lost.	(c)	cuto U	renoy Trues		9	days	?			
	TION	PART 2 OTHER SIGNIFICANT OF	clirous ca	edei)	assuler &	lsevse						
2	CERTIFICA	190. DATE OF OPERATION	196 CONDITION FOR WE	TICH OPERATIO		YES NO	206 IF YES, W IN CERTIFYIN YES	G CAUSES				
7	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CALLSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	OR PART 2)				
	MED	WHILE NOT WHE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FICE, FARM ETC)	211 ŁOCATION STREET	CITY OR TO	мn G	COUNTY	STATE			
		22a. I certify that X (this haspi sow the deceased alive on above, (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	1/00/19	9 <u>8</u> , on	id that in (Xy) (cost opinion	deoth occurred on the do	ite and hour on	d from the c				
		THE SHOMATURE Olin	C. Hagle	1	ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE S	9-8/			

BP. DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR

230 BURIAL CREMA

TAME (TYPE OF PRINT

MOVAL

236. DATE

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

AATORY 23d LOCATION
CITY OR TOWN
COUNTY
PARKY 12 BATTO PAR
250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE NOV

ALTER DETAIL The second second second second ----Colombia Charle Charles Commen Demonstra THE RESERVE OF THE PARTY OF THE

	w requires that the death certificate be executed within 24 haurs after death. Page 4 may be	signed by the attending physician and campletely filled in by the aneral director page 3
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STATE OF MARYLAND - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
DECEASED NAME FIRST	K MIDDLE	Thacker	Nov 4	981	26 HOUR
SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	F UNDER I YEAR	IF UNDER 24 HR
MALE	White	SEPT 17 1906	75 YRS.	ONTHS DAYS	HOURS MIN
a. BIRTHPLACE (STATE OR FOREIGN COUNTRY).	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF ALTE	OF DEATH	٨
O, CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	126 KIND O	BUSINESS C

PAIRMOUNY IONSON USUAL RESIDENCE

MechANIC

YES [NO D 15. MOTHER'S MAIDEN NAME MIDDLE 17. INFORMANT

IMMEDIATE	CAUSE (0) Petarlale
154/ onditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF
ave rise to immediate ouse (a), stating the nderlying couse last.	DUE TO, OR AS A CONSEQUENCE OF

J.S. ARMED FORCES?

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

(IF YES, GIVE WAR OR DATES)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

OWSON

cher

16h SOCIAL SECURITY NO

190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED					
			YE			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCURRED) (E			

NOT YES T INTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

AUTOPSY?

(IF FITHER NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY 216 INJURY OCCURRED (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

23h DATE

21f. LOCATION STREET

CITY OR TOWN

206. IEYES, WERE FINDINGS USED

INCERTIFYING CAUSES OF DEATH?

COUNTY STATE

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-	_			-							
22a	1	certify	that	(1)	(Wis ho	spiraly	ottende	d the	deceased	from.	
		the	doco		d alma	-	100	0	deceased	10	5

above, (1) (we) (did not) view the body after death

and that in (my) (aut) opinion death accurred on the date and haur and from the causes stated

NOT WHILE

22e ADDRESS

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

NO OU

22d PHYSICIAN'S NAM

226 SIGNATURE

234 NAME OF CEMETERY OF CREMATOR

300

COUNTY

BP DHMH-16 30M 2/80 (VRA 15, 4)

CERTIFICATION

MEDICAL

d Mentol Hygiene

TO FUNERAL DIRECTOR: A should be detached for use with the State Dept. of Heal

MPORTANT

8

FOR

14. FATHER'S NAME

160 WAS DECEASED EVER IN

ION, REMOVAL

BY REGISTRAR 2500 REGISTRAR'S SIGNATURE

AND THE STATE OF T

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE

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285

DECEASED NAME 183		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10		
3. SEX Female Cau. S. DATE OF BIRTH MORNIN THE MORNIN T		Chief de es			to have	AS1	20 DATE OF DEATH	MONTH DA		26 HOUR
Female Cau. Sept. 22 1896 85 78 MARRIED NEVER MARRED		Genev	reve	1. Inc	rnbe	rg	NOV.	10,	1901	12
Second Part Death Enterprendicy Part Death Part Death Part Death	3				MONTH	OAY YEAR		MC		HOURS A
The CITY OR TOWN OF DEATH IN AMAB OR HOSPITAL, NURSING HOME OR OTHER INSTITUTION He halt impore He not resident address) Holly Hill Nursing Home USUAL RESIDENCE (F NURSING HOME ROSPITAL NURSING HOME OR OTHER INSTITUTION THE CITY OR TOWN Dis STATE USUAL RESIDENCE (F NURSING HOME ROSPITAL NURSING HOME OR OTHER INSTITUTION THE STATE DISPOSED HOME ROSPITAL NURSING HOME The CITY OR TOWN Dis STATE USUAL RESIDENCE (F NURSING HOME ROSPITAL NURSING HOME ROSPITAL NURSING HOME) THE STATE DISPOSED HOME ROSPITAL NURSING HOME THE NURSING HOME ROSPITAL NURSING HOME THE NURS HOME THE NURSING HOME THE NURSING HOME THE NURS HOME THE	94	BIRTHPLACE MATE UN FORE		.A.	MARRIE	NEVER MARRIED K	9 BALTIMORE CITY	OR COUNTY O	OF DEATH	
13a. STATE 13b. COUNTY 13d. INIDECTIV LIMITS? 13a. STREET ADDRESS 14b. COUNTY 13d. INIDECTIV LIMITS? 13d. STREET ADDRESS 14b. COUNTY 13d. STATE 13d. STREET ADDRESS 14b. COUNTY 15d. MODILE 15d. MOTHER'S MAIDEN NAME 15d. MOTHER'	90		(IF NOT IN SUC	HOSPITAL, NURSING	HOME O	R OTHER INSTITUTION	TYPE OF WORK FOR MOST	OF WORKING LIFE)	INDUSTRY	
William Thornberg Mary Ellen Curral Thornberg Mary Ellen Curral ADDRESS 2 186 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 2 213-03-2839 Mary Ellen Cashmeyer 1H Lake idge P1 18 CAUSE OF DEATH Lenter only one couse per line for 101 lb. and cill PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which of immediate couse iol, stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to underlying cause lost. 198 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 208 AUTOPSY? 108 IF YES, WERE FINDINGS SIGNIFICANT CONDITION GIVEN IN PART 1 to OR CONTRIBUTING CAUSES OF DISEASE OF CONDITION GIVEN IN THE MIS PART SOF PART 2) 216 ACCIDENT WAS UNDERTYING 1218 FILES OF INJURY OR CONTRIBUTING COURSE OF DISEASE OF CONDITION GIVEN IN THE MIS PART SOF PART 2) 216 INJURY ON COURSE DISEASE OF CONDITION STREET FACTORY OFFICE FARM, ELC.) 217 INJURY CURRED 1 THE RELIGION OF TOWN COUNTY 218 INJURY COURSE DISEASE OF COUNTY 219 INJURY COURSE DISEASE OF COUNTY 219 INJURY COUNTY 210 INJURY OF CURRED 1 THE RELIGION OF TOWN COUNTY 210 INJURY OF CURRED 1 THE RELIGION OF TOWN COUNTY 211 INJURY OF CURRED 1 THE ADDRESS OF DISEASE OF COUNTY 212 INJURY COURSE DISEASE OF COUNTY 213 INJURY COUNTY MEDICAL EXAMINES 1 THE PART SOF PART 2) 214 INJURY COUNTY MEDICAL EXAMINES 1 THE PART SOF PART 2) 215 INJURY COUNTY MEDICAL EXAMINES 1 THE PART SOF PART 2) 216 INJURY OF CURRED 1 THE PART SOF PART 2) 217 INJURY COUNTY MEDICAL EXAMINES 1 THE PART SOF PART 2) 218 INJURY COUNTY MEDICAL EXAMINES 1 THE PART SOF PART 2) 219 INJURY COUNTY MEDICAL EXAMINES 1 THE PART SOF PART 2) 210 INJURY COUNTY MEDICAL EXAMINES 1 THE PART SOF PART 2) 210 INJURY COUNTY MEDICAL EXAMINES 1 THE PART SOF PART 2) 211 INJURY COUNTY MEDICAL EXAMINES 1 THE PART SOF PART 2) 212 INJURY COUNTY MEDICAL EXAMINES 1 THE PART SOF PART 2	35	Maryland 13b	COUNTY			YES NO X	1H:Lakeri		21030	
The part of the	Segmin 30	FIRST	WIGOLE		erg	FIRST	MIDOLE	n		
SCAUSE OF DEATH Enter only one couse per line for 10 b and 10 PART DEATH WAS CAUSED BY:		(YES, NO OR UNKNOWN)			1000				Ridge	2103 P1.
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR [IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 22e. I certify that (1) (this hamptal) attended the deceased from 192 and that in (my) (our) apinion death occurred on the date and hour and from the cause above, (1) (web) didded did not view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DI	ry, or other traumo	gove rise to immed couse to, stating underlying cause	hich (b) bit the lost.	r as a consequen	ICE OF	NOT RELATED TO THE TERM	IN AL DISEASE OR COM	NDITION GIVE	N IN PART 1 0	
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sow the deceased alive on NDV 2 10 1987 and that in (my) (aur) opinion death occurred on the date and hour and from the cause obove, (1) (we) Idid-Idid not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN	1000	OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE 21d. INJURY OCCURRED	EXAMINER) HOUR A.	M, MONTH DAY M. OF INJURY	19	211 LOCATION	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PAR	OR PART 2)	STA
	ANT: If Ifem 21 is mo	sow the deceased obove, (1) (we) (dd)	Olive on NOV. Idid not view the body	220 108/		DEGREE	MEDICAL STA	FF		
Dr. Quinn 1205 York Rd. Balt. 230 BURIAL, CREMATION, REMOVAL 236 DATE 230 BURIAL, CREMATION, REMOVAL 236 DATE 230 REMATION REMOVAL 236 DATE 230 BURIAL, CREMATION REMOVAL 236 DATE 230 REMATION REMOVAL 236 DATE	MPORT.	Dr. Quin	n			1205 York	Rd.	1	Balt.	M

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospitol or offending physician.

24 FUNERAL DIRECTOR Mitchell -Wiedefeld

6500 York Rd.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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7	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH					
	I. DÉ	CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR				
		Vince	ent (NMN)	Todaro	November 29, 1981 1:15 M				
	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 13 HR				
)		Male	Caucasian	Nov. 7, 1904	77 YRS				
200	7a BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNTY OF DEATH				
71		Italy	USA	WIDOWED NEVER MARKIED	Baltimore County MD.				
	10 C	TY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR				
00	F	Baltimore	15201 Garmout		(14PE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Barber Barber Shop				
	JUSU.	AL RESIDENCE HE NURSING HOME C	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)					
16		ryland Balt	timore Baltim		5201 Garmouth Road 21229				
		THER'S NAME	ormore Dar orm	15 MOTHER'S MAIDEN NA					
30	Unknown to Records Unknown to Records								
-	160 V	AS DECEASED EVER IN U.S. A			ADDRESS				
	(IVE WAR OR DATES)	-3598 Mrs. Rose	No Tomombi Como co # 12				
			only one cause per line for (a), (b), ar		M. Legambi Same as # 13				
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	N SUES					
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART 1(0)				
	ON	Media	terrian Anemia						
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO				
9	CER	210 ACCIDENT WAS UNDERLYING	LIGUE LU MONTEU D	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)				
1	CAL	OR CONTRIBUTING CAUSE OF DE	ER) P.M.	19					
7	MEDICAL		P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	211 LOCATION	CITY OR FOWN COUNTY STATE				
7	MEDICAL	LIFEITHER NOTIFY MEDICAL EXAMINE 216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	FARM, ETC.) 211 LOCATION STREET	CITY OR FOWN COUNTY 51ATE				
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a certify that (I) (this hasp saw the deceased olive o	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE pital) attended the deceased from	FARM, ETC.) 211 LOCATION STREET 19.					
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a certify that (I) (this hasp saw the deceased olive o	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE pital) attended the deceased from	FARM, ETC.) 211 LOCATION STREET 19, and that in (my) (our) opinion DEGREE	. to, that (I) (we) last death occurred on the date and hour and from the couses stated				
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a I certify that (1) (this hasp saw the deceased olive o above, (1) (we) (did) (did in	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE pital) attended the deceased from	FARM, ETC.) 211 LOCATION STREET 19, and that in (my) (our) opinion DEGREE	. to, that (I) (we) last death occurred on the date and hour and from the couses stated 22c. DATE SIGNED				
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a certify that 1) (this hasp saw the deceased olive o above, (1) (we) (did) (did n) 22b. SIGN TURE	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE pital) attended the deceased from	FARM, ETC.) 211 LOCATION STREET 19, and that in (my) (our) opinion DEGREE	. to				

DHMH - 16 50M 1/81 (VRA 15, 4)

James E. Rowe, M.D. 23b. DATE

230 NAME OF CEMETERY OR CREMATORY

Balt., Md. 21228

236. BURIAL, CREMATION, REMOVAL

[NPECIFY]

Burial

24 FUNERAL DIRECTOR 12/1 New Cathedra]

AATORY

23d LOCATION
CITYORTOWN
Baltimore City

250 DATE REC'D. BY SECUTIVAL PRESENTATION

DEC 1

Maryland

MacNabb Funeral Home

Catonsville,

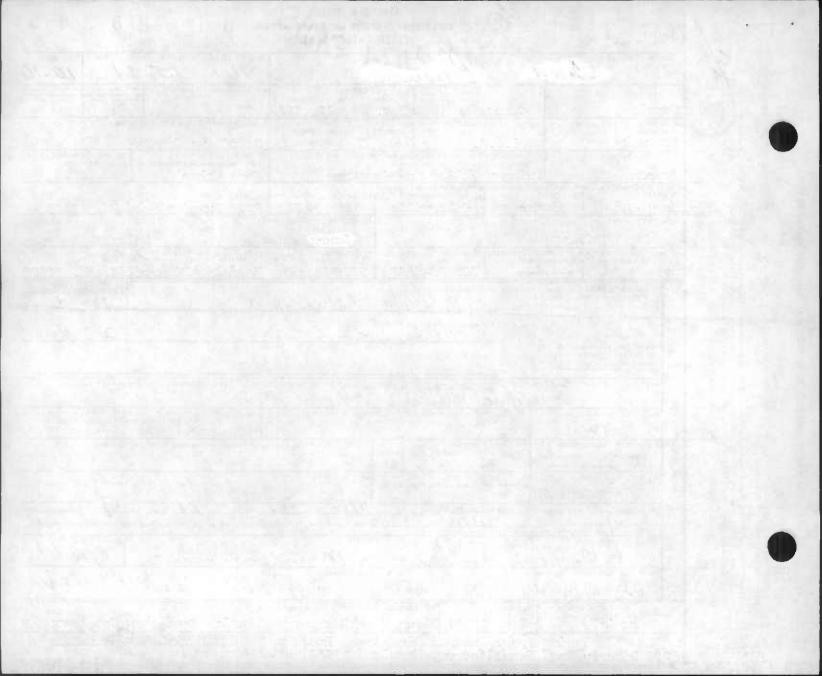
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL OF ATTENDING PHYSICIAN retained by the hospital or attending physician.

Page 4 may be

STATE OF MARYLAND DED A DEMENT OF HEALTH AND MENTAL BYCHENE

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278.1 certify that (I) (this hospital) attended the deceased from 3 19 7 to 19 8 that (I) (we) sow the deceased alive on above. (I) (we) (did) (did not) view the body after death. 278. SIGNATURE 278. SIGNATURE 278. SIGNATURE 278. PHYSICIAN'S NAME (TYPE OR PRINT) 278. BURIAL, CREMATION, REMOVAL 238. DATE 278. NAME OF CEMETERY OR CREMATORY 278. DATE SIGNED 278. NAME OF CEMETERY OR CREMATORY 278. DATE RICHARD 278. SIGNATURE 278. DATE SIGNED 279. DATE SIGNED 270. DAT	Item 1									
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST 20. DATE OF DEATH MONTH DECEASED NAME 26 HOUR **GEORGE** TTYPE OR PRINT TORMEY 81 2:45A 04 4. RACE 3_SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MALE WHITE 100 79 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALT ! MORE COUNTY MARYLAND USA WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR LANDSCAPING
LANDSCAPING TOWSON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e. STREET ADDRESS 13c CITY OR TOWN 13d INSIDE CITY LIMITS? mpletely filled ond 2 shauld t BALTIMORE 6132 FALLS RD. 21209 BALTIMORE MARVLAND NO K 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LAST LILLIAN HEVEL CARROLL TORMEY В. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-10-1997 VIRGINIA C. TORMEY 6132 FALLS RD. 21209 18 CAUSE OF DEATH (Enter only one cause per li-PART I. DEATH WAS CAUSED BY: RESPIRATORY ARREST IMMEDIATE CAUSE (a) STROPRE NCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [NO [210. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 21f. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREE! NOT WHILE 81 220 I certify that (I) (this haspital) attended to Heceased from

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> BP. DHMH-16 30M 2/80 (VRA 15, 4)

IMPORTA

230. BURIAL, CREMATION, REMOVAL 236 DATE BURIAL

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SIGNATURE

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23c NAME OF CEMETERY OR CREMATORY

GREENMOUNT CEM.

23d LOCATION CITY OF TOWN BALTIMORE

GBMC-6701 N. CHARLES ST.

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DIRECTOR PHYSICIAN

22c. DATE SIGNED

STATE 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR ADDRESS MITCHELL-WIEDEFELD HOME 6500 YORK RD.

NE UBAUER, M.D

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate to secretify with the high reference by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate hos been signed by the attending physicial conditional properties of the burial-transit permit. Then please remove carbonapper is not a thing the continuation of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other traumatic event, the market pagaming must be a filled from

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ľ	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).		
	ECEASED NAME FIRST	_	MIDDLE	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
	MARI	E	F. TOUL	-AN	11/24/8/			7:35 PM
3 51	EX	4 RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UND	ERLYEAR	IF INDER 24 HRY
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14 F	Michael	MIDDLE .	Toulan	Mary	MIODLE	McDo	LAST	11
160	WAS DECEASED EVER IN U.S. AR		16b SOCIAL SECURITY NO.	17 INFORMANT	Ann		ппте.	7.7
	(YES NOOR UNKNOWN) (IF YES GIV	E WAR OR DATES)	212037921	Catherine			, M	021234
	18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	D BY:	line for 10 16 ond 15 CA	RDIO PULMON	ARY ARRES	T	APPROXIA BETWEEN O	MATE INTERVAL
	1699 IMMEDIAT	E CAUSE (o)	araio fain	ivery Horse	ed			
	Conditions, if ony, which	(1b)_	RAS A CONSEQUENCE OF	CARCIN	OMA OF LU	NG		
	gove rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEQUENCE OF					
	underlying couse lost	((c)						
Z	PART 2 OTHER SIGNIFICANT C	CONDITIONS <u>CC</u>	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN	PART 1 o	
CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b IF YES, WER		
TIFIC					YES NO	IN CERTIFYING	CAUSES	OF DEATH?
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTERNATURE OF INJUR	Y IN ITEM 18 PART OF	PART 2)	
MEDICAL	21d. INJURY OCCURRED	21e PLACE		21f LOCATION	CITY OR TO	vn cc	DUNTY	STATE
>	AT WORK NOT WHILE	(ATTIONE ST	CELL TACTORY OFFICE PARM ETC	1				
	220.1 certify that this hospit		01	0/8/ 19.81		. 19_		hat (II (we) last
	sow the deceased alive on above, (I) we) did (did no		ofter death.	d that in (my) (our) opinion d	leath occurred on the do			
	22b SIGNATURE	0		DEGREE ATTENDING	MEDICAL STAF		C. DATE	IGNED
-	THE PHYSICIAN'S NAME (11910)	elu	a /	PHYSICIAN [DIRECTOR PHYSICI		1/2	1/2/
	Ellett	Fred	nan	25 Penny	La Balt,	mal.	212	09
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	Nov. 28		thedral	23d LOCATION CITY OR TOWN	COUNTIF -	TY TOTAL	STATE
24 F	UNERAL DIRECTOR	1104.20	, of fivew ca		Baltim		ryla	and
Wi	lliam E. Johr	son 85	21 Loch Rav	en Blvd NOV	25 1981 2	sances I	an/1	arthen
	21 0011	10011 0	LE TOOL MAY	CII DIVU		0		

DHMH - 16 50M 1/81 (VRA 15, 4)

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	FOR
-	STATE
	DECISTRAD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ena	Ö	3	- 1

1		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	2		
			RST	MIDDLE		LAST		MONTH	DAY YEAR	2b. HOUR
X	(TYPE	Made	eline	E.		TRAYLOR	November 1	16, 19	981	3:44p _M
1	3. SE	X	4. RACE		5 DATE		6 AGE HIN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	
		Female	Whi	te	7	14 1926	55	YRS	MONIH! DAYS	HOURS MIN.
1		RTHPLACE (STATE OF FORER	GN 76 CITIZEN C	F WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
2		ryland	U.S	5.A.	WIDOWI		Baltimore	e Cou	nty	MD.
1		TY OR TOWN OF DEATH	11. NAME O	F HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATI		126 KIND	OF BUSINESS OR
1		ssville	Frank	clin Squ	are H	Hospital	Housewife Housewife		(FE) INDUSTRY	
1	13a. S	AL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
2	Ma		Baltimore			YES NO X	2906 Dur	murr	av Ro	ad
2.	_	THER'S NAME				15 MOTHER'S MAIDEN NA	ME			
Æ		Walter	D.	Rider		Ethel	Marie	2	Re	ck
	16a V	VAS DECEASED EVER IN U			JRITY NO.	17 INFORMANT525 1			Balt	
		VES NO OR UNKNOWN) (1F	YES, GIVE WAR OR DATES)	Not Kn	OWD	Vernon L.T.	_		2122	
						[vernon h.r.	lay loi, oi.			CIMATE INTERVAL
		18 CAUSE OF DEATH E	CAUSED BY	Acute Myo	cardi:	al Infarction	with Runtun	re	BETWEEN	ONSET AND DEATH
		1/// / 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/	MEDIATE CAUSE 0)	nouse my	Our GI	al linear obtoil	WICH HUDOU			
		4100	DUE TO.	OR AS A CONSEOU	ENCE OF					
		Conditions, if any, wh gove rise to immedia								
		couse to stoting		OR AS A CONSEOU	ENCE OF					
		triderlying couse to	(c)_							
	NO	PART 2 OTHER SIGNIFIC	CANT CONDITIONS	CONTRIBUTING TO	DE ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	VEN IN PART 1	0
	ATI	19a DATE OF OPERATION	1 196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YE	S, WERE FINDI	NGS USED
1	IFIC	No. of the last					YES X NO		fying causes es [X	S OF DEATH?
_	CERTIFICATION	21a. ACCIDENT WAS UNDERLY	ING 21b. TIME	OF INJURY		21c HOW INJURY OCCUR				.,0 []
		OR CONTRIBUTING CAUSE	C OF DEATH	A.M. MONTH D		100				
	MEDICAL	(IF EITHER NOTIFY MEDICALE)		P.M. E OF INJURY	19	21f LOCATION				
	ME	WHILE NOT WHILE		STREET, FACTORY OFFICE	ARM, ETC 1	STREET	CITY OR TO	WN	COUNTY	TATE
		A' WORK AT WORK			11/1	01		1776	OT.	77
		22a.1 certify that (X)this				. 17	, to	11/16	19_81	that (we) last
		sow the deceased of obove 1 (we) (did) (nd that in 📉 (our) apinion	death occurred on the do	ite and hou		
		22b. SIGNATUR	19/11	11/2		DEGREE	MEDICAL STAF	-		SIGNED
		4	James	VV	2		MEDICAL STAF DIRECTOR PHYSIC	IAN	11/	16/81
		22d. PHYSICIAN'S NAME		. 4		22e ADDRESS				
		Godofredo S	Stuart, M.	D.		9000 Franklin	n Square Dr.	,Bal	to., MD	21237
	22 0	LIBIAL CREMATION DEM	101/11	I aa	LAME OF C	FALSTERY OR COSTALLED	1223 LOCATION			

shauld be detached for use with the State Dept. of Heal

MPORTANT: # HE

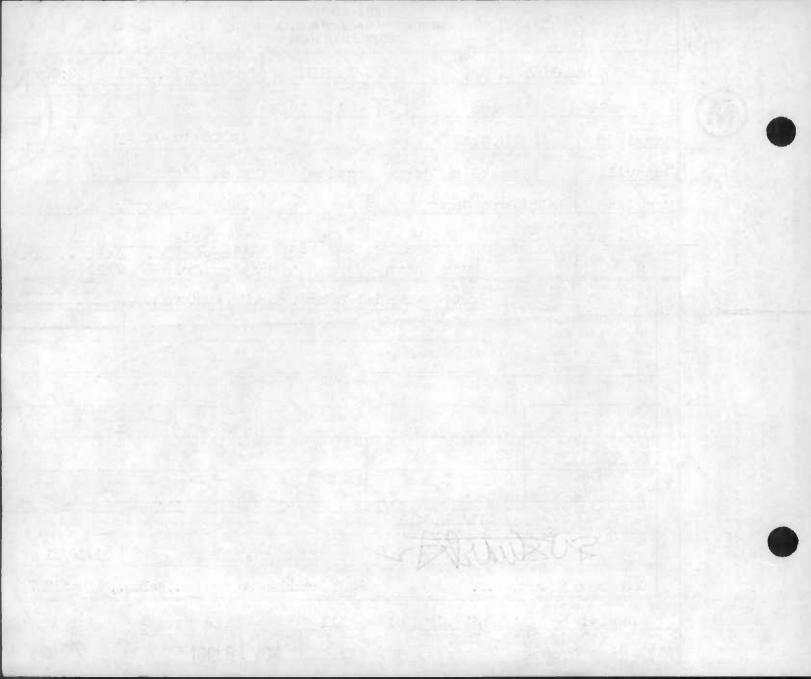
DHMH 16 50M 1/81 (VRA 15, 4)

(PECIFY)

Holly Hill

White Marsh Mar 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

Burial 11/20/1981 Holly
14 FUNERAL DIRECTOR Duda-Ruck, Inc.
7922 Wise Avenue Dundalk, MD.



OR ATTENDING PHYSICIAN The law requires that the death certificate be executed

TO HOSPITAL OR ATTENDIN

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

	1 -	FOR STATE REGISTRAR			DEPARTA		EALTH AND MEN			the can	8 0	1	7
1		CEASED NAME	FIRST		WIDDLE		LAST		REG. N		DAY YEAR	7b HOU	IR .
			ARM	540	7	umi	NELLO			11-1	1-81	/-	3 M
	3 SEX	×		4 RACE		5 DATE (YEAR	6. AGE (IN YEARS LAST BIR		IF UNDER TYEAR	IF UNDER	A IN
-		male		white		10		917	64	YRS	DATE DATE	1.00%3	DO 1156
þ	7a. Bl	RTHPLACE INTATE OR E	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D MEVER MAR	PIED 🗆	9 BALTIMORE CITY C	R COUNTY	OF DEATH		177
Į		Marylan		U.S.A		WIDOWE		CED	Baltimore	County	y		MD.
		TY OR TOWN OF DEA			HOSPITAL, NURSIN	ADDRESS)		TION	120 USUAL OCCUPAT	F WORKING LIFE	126 KIND C INDUSTRY	F BUSINE	SS OR
Z		ndallstown					ospitai		Western Co	rioaar	rig		
2	13a S	MD	Balt	VTY	Pikesvil	N	134 INSIDE CITY I	IMITS?	13e STREET ADDRESS 619 Sudby	ook Ro	d. 2120	18	
	14. FA	THER'S NAME		MIDDLE	TZAI		15, MOTHER'S MA		NE MIDDLE				
7		Carmello		T	uminello		Rose		MIDDLE	Imb	ragugti	0	
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDR	SS			
	,	No	(IF FES, GIV	VE WAR OR DATES	218-12-4	856	Mabel!	Tumine	ello 619 Si	dbrook	k Rd. 2	1208	
		18 CAUSE OF DEAT PART I DEATH W	H (Enter or	nly one couse per	line for (a), (b), one	licili					BETWEEN	MATE INTER	DEATH
		PART DEATH W		D BY: TE CAUSE (a)	CARI	10-	- RESPI	1247	DRY AR	ROT			
		4100		DUE TO, O	R AS A CONSEQUE	NCE OF			/	,			1
	- 1	Conditions, if ony,	which	(b)	PROP	+B	LE AC	utes	- hujoex	ROIA	1 CN7	726	Tu
		cause (a , statin underlying cause	ig the	DUE TO, O	RAS ACONSEQUE PULA	NCE OF	try	EDE	ma.				
	N			No. 10. Inc. of the		EATH BUT	NOT RELATED TO		NAL DISEASE OR CON	DITION GIVE	EN IN PART 10		
8	ATIC	19a DATE OF OPERA		ELEPST.	ITION FOR WHICH	OPERATIO		-	20a AUTOPSY?	20h IF YES	WERE FINDIN	JGS LISEI	0
	CERTIFICATION								YES NO		YING CAUSES		
,		21a. ACCIDENT WAS UNE		216 TIME O HOUR A.	FINJURY M. MONTH DA	Y YEAR	21c HOW INJUR	Y OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART OR PART 2)		
	MEDICAL	(IF EITHER NOTIFY MEDIC				19							
	MED	21d INJURY OCCURE WHILE NOT WH AT WORK AT WOR		21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC)	21f LOCATION STREET		CITY OR TO	WN	COUNTY	5	TATE
		220 1 certify that (1)		tal) attended th		10	201	9 81		1	981	that (1 (v	we) last
		saw the decease abave, (I) (we) (a	ed alive an	t) view the bady	after death, 198	, or	nd that in (my) (our) apinion di	eath occurred an the de	ate and haur	and fram the	causes sta	ited
		27b. SIGNATURE	1		17		DEGRÉE	J. N.			22c DATE	SIGNED	
			100	many	5		PHYS	NDING SICIAN	MEDICAL STAI	IAN	1/1-	1-81	/
		DRIAN			KAKIN,	MD	BC6	H-	RANDAUS	Town	1 hest	21	1/33
	23a B	URIAL, CREMATION.					EMETERY OR CREA		23d LOCATION		1	,	
	(Burial		11/4/8	81 Lai	ke Vi	ew Mem. I		Eldersber	g CAY	roll.	M	D
	24 FU	NERAL DIRECTOR LO	oring	Byers 1	Funeral D	irect	ors		REC D. BY REGISTRAP	REGISTR	AR MICHAY	MIR	Ari
		728 Libert						MUV	4 1901 4	(Parcos	0		

8728 Liberty Rd. Randallstown, Md. 21133

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the fushould be detached far use as the burial-transit permit. Then please remave carbonpapers. Pages 1 and 2 should be fill with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be for the property of the propert

ral director page 3

death Page 4 may be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Line	8	40	2	J

7/	VI.	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10		
* The state of the		CEASED NAME FIRST ALBER	7 Frank	Clin	To	Jr.	20 DATE OF DEATH	MONTH // -	7- 8/	2h HOUR O
	3 SE	X	4 RACE		5. DATE C	F BIRTH	6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDER YEAR	IF INDER 24 HRS
		Male	White		1/3	0/1915 YEAR	66	YRS	MONTHS DATS	HOURS MIN.
1 2 E		IRTHPLACE (5" ATE UR FOREIGN	76 CITIZEN OF WHAT COI	UNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY			
9	Me	aryland	U.S.A.		WIDOWE		Baltimo:			MD
The T		ity or town of death andallstown	11. NAME OF HOSPITAL,	IVE STREET A	(DDRESS)		(TYPE OF WORK FOR MOST Pharmacis	OF WORKING L	126 KIND C	OF BUSINESS OR
00		AL RESIDENCE HE NURSING HOME OF			ADMISSIONI	. Hospital	I ratifice is	1	1	
tsom L	13a.	STATE 136 COUN		OR TOWN		136 INSIDE CITY LIMITS?	13e STREET ADDRESS 3508 Chapi		pad 211	133
ner -		ATHER'S NAME	omoro prosto	2000	COWIT	15. MOTHER'S MAIDEN NA		TICHE TIC	uu DII	.00
E	1	44 444		LAST		FIRST	· 7 T	7	1AS	jT .
8-		<i>lbert Franklin</i> WAS DECEASED EVER IN U.S. AR			2.711.110		ind Deroye			
dice			E WAR OR DATES)			17 INFORMANTMYS.	Eleanor Tu	mer		
8		No	212-0	09-4	712	3508 Chapman	Road Rando	allsto	wn. MD.	21133
#		18 CAUSE OF DEATH Enter on	ly one cause per line for (a)	, (b), and	I c				BETWEEN	MATE INTERVAL
5		PART I. DEATH WAS CAUSE	D BY TE CAUSE (a)	RPO	0	RESPIRATO	RU ARK	EST		
ther troumotic		Conditions, if any, which gove rise to immediate cause a, stating the underlying cause last.	DUE TO, OR AS A CO			ANEW RYSM		SEAS	=	
ō								-		
UTY.	z	PART 2 OTHER SIGNIFICANT (EATH BUT	NOT RELATED TO THE TERM	2		VEN IN PART 1	a.
ii.	12	PREVIOUS,	MYOCHR-DIA	-	NIFE	20 Tears;	VIABITE		LECTICE	c
S 30	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN	
Wo /	E						YES NO	Y	ES 🗌	NO 🗆
m 100		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		TH DA		21¢ HOW INJURY OCCURI	RED (ENTER NATURE OF IN)	URY IN ITEM 18	PARI 1 OR PARI 2]	
r He	EDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		19	211 LOCATION				
rked	ME	WHILE NOT WHILE AT WORK	LAT HOME STREET, FACTORY	OFFICE FA	RM ETC)	STREET	CITY OR T	OWN	COUNTY	STATE
is mo	1	220.1 certify that (1) (this hospi	// -/-	from_	10-	19. 198/		7	19_8/	that (I (we) last
121		saw the deceased alive an above, (I) (we) (did) (did na	t) view the body after death	19 6	, an	d that in (my) (our) apinian	deoth accurred on the o	late and ho	ur and fram the	causes stated
# Her		226. SIGNATURE	15			ATTENDING	MEDICAL STA		220 DATE	SIGNED
Z	1	22d. PHYSICIAN'S NAME (TYPE C	R PRINT			22e. ADDRESS	DIRECTOR PHYSI	CIAIN	11/1	0/
APORT		PRIANDO	B. CONT	VAN),M		- RANDA	USTE	nov 1	rud 2/13
≤	22- 1	PURIAL CREMATIONS REMOVAS	001 DATE	1 22 N	ALE OF C		Teat to Carrion		1	

DHMH - 16 50M 1/81 (VRA 15, 4)

Burial

should be detached far use as the burnol-transit permit. Then please remove carbon pape with the State Dept. of Heolth and Mentol Hygiene prior ta buriol, crematian, ar remayol.

TO FUNERAL DIRECTOR After this certificate has been

etoined by the hospital

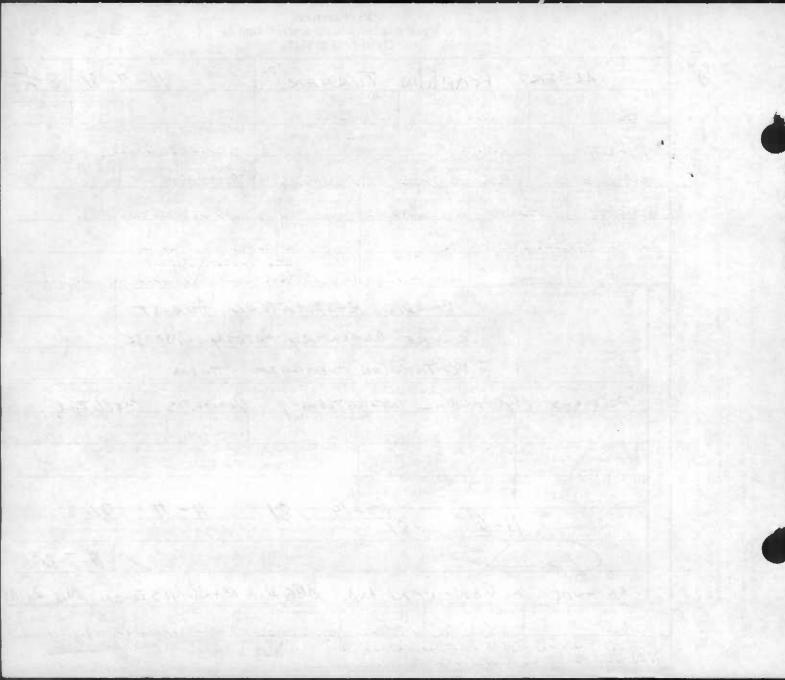
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Burial 11/11/81 Lorraine Park Cemetery

11 FUNERAL DIRECTOR Loring Byers Funeral Directors

8728 Liberty Road Randallstown, MD. 21133

Woodlawn, Baltimore



eoth. Poge 4 moy be

within 24 hours ofter

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician.

-	FOR STATE
	REGISTRAR
SEC	EACED NIAA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

him	Ö	W	dia	

	REGISTRAR				CERTIF	ICATE OF DEATH	REG.				
	CEASED NAME	FIRST		IDDLE 1 less	nhla±	AST	20 DATE OF DEATH				76 HOUR
3. SE		orge 4. RAC	E.	UIII	phlet 5. DATE O		November 6 AGE (IN YEARS LAST		981		7:30a
	Male	W)	hite			ily 26 1912	69	YRS	MONIN		HOURS
	irthplace thateon		USA	VHAT COUNTRY?	MARRIED WIDOWE	DENEVER MARRIED DIO	Baltimore city			ATH	
Ros	ssville 21	237	ranki	THUTY SIVE STREET	G HOME O	R OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS Guard	ATION	12 b. 1	USTRY	BUSINES
II 30 3	AL RESIDENCE (IF NUR STATE aryland	136 COUNTY Baltin	nore	13t. CITY OR LOWN	River	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ister	St.	21	220
14 FA	ATHER'S NAME FIRST Walt	er Umphl	Lett	LAST		15. MOTHER'S MAIDEN NA/		n		LAST	
	WAS DECEASED EVER	1929 49		218 32 3		Doskie B. Ur		ife		Sam	е
	Conditions, if ony gove rise to im	, which mediate	JE TO, OR	A A CONSEQUER	Caro	coma with	ritarian	he >	40		
CATION	gove rise to im couse (a), state underlying cause	nificant condit	(c) FIONS_ <u>CO</u> I	ntributing to di	<u>EATH</u> BUT I	The borer		20b. IF Y	YES, WERE	FINDING	
ICAL CERTIFICATION	gove rise to im couse (a), state underlying couse PART 2 OTHER SIG	NIFICANT CONDIT	b. CONDIT	NTRIBUTING TO DI	EATH BUT	NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCURE	200 AUTOPSY?	20b. IF Y	YES, WERE TIFYING CA	FINDING AUSES C	
	gove rise to im couse (o), stati underlying couse PART 2 OTHER SIG	NIFICANT CONDIT	b. CONDIT	NTRIBUTING TO DI	OPERATION Y YEAR 19 IRM. ETC.)	NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCURE 21f. LOCATION STREET	200 AUTOPSY?	20b. IF Y IN CER	YES, WERE TIFYING CA	FINDING AUSES C	NO [
AL	gove rise to im couse (o), stoti underlying coust PART 2 OTHER SIG	NIFICANT CONDIT	b. CONDIT b. TIME OF HOUR A.M P.M P. PLACE O I HOME STREE Conditions The place of the conditions	INJURY MONTH DAY INJURY MONTH DAY IF INJURY General deceased from 19	OPERATION Y YEAR 19 IRM. ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURR 21f. LOCATION	TO NOTE OF THE PROPERTY OF TH	20b. IF Y IN CER	YES, WERE ETIFYING C, YES COU	FINDING AUSES C	STA
AL	gove rise to im couse (o), stati underlying coust part 2 OTHER SIG 190 DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED 21d. INJURY OCCUR WHILE NOT WAT WORK NOT WORK NO	TION 198 DERLYING 216 CAUSE OF DEATH ICAL EXAMINER) 216 (AT 1986 96 (AT 1986 9	b. CONDIT b. TIME OF HOUR A.M P.M P. PLACE O I HOME STREE Conditions The place of the conditions	INJURY MONTH DAY IF INJURY FIRST FACTORY, OFFICE, FAI deceosed from	PEATH BUT I	NOT RELATED TO THE TERM WAS PERFORMED 216. HOW INJURY OCCURR 216. LOCATION STREET 4 thorn my (our) opinion of the physician of the physici	TO NOTE OF THE PROPERTY OF TH	20b. IF Y IN CER JURY IN ITEM 1	YES, WERE THEYING C. YES COU 19 22c.	FINDING AUSES C	STA STA Of (1) we ONE OF (1) STA
MEDICAL	gove rise to im couse (o), stati underlying coust (o), stati underlying coust (o), and (o) and	DERLYING 191 DERLYING 216 CAUSE OF DEATH HACAL EXAMINER) (Inis hospito) offered only offered only offered only offered only only offered only only offered only only offered only only only only only only only only	ETIONS COLOR B. TIME OF HOUR A.M. P. M. P. PLACE OF THOME STREET COLOR THOME STREE	INJURY MONTH DAY FINJURY ET, FACTORY, OFFICE, FAI degrosed from 19 fter death. AUETE A	Y YEAR 19 RM. EIC) RM. EIC)	NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCURR 21f. LOCATION STREET 4 thovin (our) opinion of operation of the physician (our)	200 AUTOPSY? YES NOTED (ENTER NATURE OF INCIDENCE OF INC	20b. IF Y IN CER JURY IN ITEM 1	YES, WERE THEYING C. YES COU 19 22c.	FINDING AUSES OF ART 2) This part the country that the c	STA Of (1) we GNED

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in the should be detached for use as the bund-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

THE STATE OF THE PARTY OF THE P TO A TOTAL OF THE PARTY OF THE PARTY OF THE PARTY. HERE O 18 THEN 18 THEN ST Court & March 2 To State of the and the state of t San San David College Will be recognized to a local and the last the san David College TO FUNERAL DIRECTOR. After this ceruficote hos been signed by the attending physician and campletely filled in by th should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. af Health and Mental Hygiene priar ta burial, crematian, or remayol.

injury, or ather troumatic event, the

MPORTANT: If Item 21 is morked or Item 18 shaws ony

_		FOR	
I	-	STATE	
		REGISTRAR	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	573	8	3	J.	d.
9	62 10				-

REGISTRAR			CLICITI	TORTE OF PERTIF	REG. N	0.	
DECEASED NAME	FIR5"	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY YE	EAR 26 HOUR
I	HERBERT		VALI	ENTINE	Novemb	er 3, 1981	
SEX	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		
Male	Whi	te	Janu	ary 21,1892	89	YRS SIQNING	DAY HOURS M
1. BIRTHPLACE (STATE OR		F WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF DEAT	TH
Scotland	U.S	.A.	WIDOWE		Baltimo	re County	
CITY OR TOWN OF DEA	115 x 10 x 20 1 5 1 1	F HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	170, (4)	IND OF BUSINESS
Lutherville		ollege Mar.			Tool & Die	e Maker INDUS	SIRT
SUAL RESIDENCE (IF NURS	ING HOME OR OTHER INSTITUTION	131. CITY OR TOWN		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
laryland	Baltimore		9 11 5	YES NO 🔀	1614 Denn:	is Ave, 212	204
FATHER'S NAME	WIDDIE	LAS!		15 MOTHER'S MAIDEN NAM	AE MIDDLE		
David		alentine		Unknown	MIDDLE	kw	Law
(YES NO OR UNKNOWN)	IN U.S. ARMED FORCES	166 SOCIAL SECUE	RITY NO.	17. INFORMANT	ADDR	ESS	
No	(IF TES, GIVE WAR OR DATES)	565-09-2	251	Mr. Herbert	D. Valentin	ne, same	as #13e
PART 2 OTHER SIGN	last.	OR AS A CONSEQUE		NOT RELATED TO THE TERMI	nal disease or con	DITION GIVEN IN PAR	RT 115
190 DATE OF OPERA	TION 19b. CON	DITION FOR WHICH (OPERATIO	N WAS PERFORMED	208 AUTOPSY?	20b. IF YES, WERE FI IN CERTIFYING CAU	INDINGS USED USES OF DEATH?
OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21t. HOW INJURY OCCURRI		- Lund	
21d. INJURY OCCURE WHILE NOT WHAT WORK AT WORK	LAT HOME	E OF INJURY STREET, FACTORY, OFFICE, FA	RM ETC)	21f LOCATION STREET	CITY OR TO	OWN COUNT	TY STATE
sow the decease	(this hospital) oftended ed alive on OCT	3/2/0 1981	per-	nd that in (my) (approximately)	eath accurred on the de	3 198/ ste and hour and fram	, that (II (me) I n the causes stated
22b. SIGNA,	win Que	nn es			DIRECTOR PHYSIC	FF 11	DATE SIGNED
22d. PHYSICIAIN S	ME (TYPE OR PRINT) Kevin Quin	n, M.D.		22e ADDRESS 1205 York	k Road, Tim	onium, Mar	ryland
BURIAL, CREMATION,	REMOVAL 23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COLLEGE	57.75
Cremation	11-4	-81 L	oudor	Park Cremato	ry Bal	Ltimore, Ma	aryland

BP. DHMH : 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

Baltimore, Maryland

1050 York Road 250 MG CO. BY REGORAR Ruck Towson Funeral Home, Inc. Towson, Maryland

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	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 having all regions.	refaired by the haspital of affending physician.

			FOR STATE REGISTRAR		DEPART	AENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE Ö I	2	8 3	2 3
. m.e			CEASED NAME FIRST OR PRINT)	WIDDLE			AST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
ay be			GERTR				NCE		10-30	-81	4:00am
Tr. P		3 SE		4 RACE		5. DATE (6 AGE (IN YEARS LAST BH	THDAY)	UNDER I YEAR	IF UNDER . 4 HRS
1		F	MALE	WHITZ		AUG		80	YRS		Min.
2 / 1903/1 3	21		RTHPLACE TATE OF FOREIGN	76 CITIZEN OF WHAT	COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY C	FDEATH	
SAMIN	00	_	EST VA.	U.S.A.		WIDOWE	DIVORCED [BALTIMORE	COUNT	Y	MD.
1 11 1	-9	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPIT. (IF NOT IN SUCH FACILIT			OR OTHER INSTITUTION	12a USUAL OCCUPAT	ON OF WORKING (IFE)	126 KIND C	F BUSINESS OR
43 4	20		COWSON	ST JOSEPH				AT HOR	41		
that dbe	25	130 5	L RESIDENCE (IF NURSING HOME OF TATE 136 COUN		TY OR TOW		134 INSIDE CITY LIMITS	13e STREET ADDRESS			
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within 24 pletely fill and 2 shaul	2/	14 FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	VE		LAS	1
lex lex	24	-	J032PH	0	AVI	5	ROSA		140	RIM	AN
and cond comedico			AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SC	DCIAL SECU	RITY NO.	17. INFORMANT	ADDRI			
S. Po		1	0	139	554	0738	I FAMIL	1 RECOR	05		
cate nysici naper nt, th			18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for D BY:	101, (b), one	d (c				BETWEEN	MATE INTERVAL ONSET AND DEATH
g ph g ph remo				E CAUSE (a)	CA	RDIAC	ARREST				
ndin carb			4360	DUE TO, OR AS A	CONSEQUE	NCE OF					
atter			Conditions, if ony, which	(b)	CEREBR	OVASC	ULAR ACCIDENT				
the rem	100		cause (0), stoting the underlying couse last	DUE TO, OR AS A	CONSEQUE	NCE OF				1005	
ed by sleas				(c)							
signe signe hen p		Z	PART 2 OTHER SIGNIFICANT			DEATH BUT	NOT RELATED TO THE TERMI	IN AL DISEASE OR CON	DITION GIVEN	IN PART 1	
reen t	-	CERTIFICATION	POST COLECTOMY INFECTION 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 100.						20b IF YES, V	A/E DE EINIDIN	ICS LISSO
n. nos berm ne prim	2	IFIC			THE CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	IN CERTIFYII	NG CAUSES	OF DEATH?
N. The longstrian.		ERT	21g ACCIDENT WAS UNDERLYING	216. TIME OF INJUR	RY		21c HOW INJURY OCCURR	FD / SNITER NATURE OF INVII	YES		NO 🗌
SICIAN. physical phy			OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MI			THE	ED TEMIER MATURE OF 1910	KT IN HEM IS PAR	TORPARI 2)	
HYSIC Inding Ins cer burio Meni	1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 716 INJURY OCCURRED	P.M. 21e PLACE OF INJU	IRY	19	21f LOCATION				
tten tten the the and		ME	WHILE NOT WHILE	LAT HOME STREET FACT	ORY OFFICE F	ARM ETC)	STREET	CITY OF TO	WN	COUNTY	STATE
or or or afte e os oth			220.1 certify that (1) (this haspi	tal) attended the decor	read from	10	1-25 . 19 <u>81</u>	10.20	10	0.1	
TEN Tolar US	-		sow the deceased alive an	10-30	19 8		-25 , 19 -81 ad that in (m $\stackrel{>}{\sim}$ (our) opinion d				that 💢 (we) last
R AT hasp RECT ed for a pt a p			obove, X/we) (did) (XXXX 22b SIGNATURE	ti view the body ofter de	eoth.	7	DEGREE			226 DATE	
the the tach			Xe.	CIL		10	ATTENDING _	MEDICAL STA		1	5101420
HOSPITAL and by the FUNERAL uld be detailed to the State ORTANT:			224 PHYSICIAN'S NAME CIVE O	Ty Consu	My	11-0	PHYSICIAN 220 ADDRESS	DIRECTOR PHYSIC	IAN		
O HOSPITA etained by TO FUNERA should be de				W 2				D		D 0100	,
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DHMH - 16 50M 1/B1	7	4 FL	NERAL DIRECTOR	111-9-1-16	21 11	OKYL	(A110 1211).	REC'D. BY REGISTRAR		R'S SIGNAT	I 70.
(VRA 15, 4)	-	9	NAME F	ALCHAP	ADDRESS	4001	ARFORD NO	V 1 2 1981	2		3/
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STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20 DATE OF DEATH MONTH I DECEASED NAME FIRST DAY YEAR 2h HOUR (TYPE OR PRINT) d 3. SEX IF UNDER I YEAR 4 RACE 5. DATE OF BIRTH AGE IN YEARS LAST BIRTHDAY IF UNDER 24 HRS MONTH MONTHS DAYS YEAR HOURS 96 7a BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? **9 BALTIMORE CITY OR COUNTY OF DEATH** COUNTRY MARRIED NEVER MARRIED erman 4 WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a STATE 136 COUNTY 12- - CITY OR JOWN 13e STREET ADDRESS 134 INSIDE CITY LIMITS? 16 Fusting Ave. Baltimore Catonsville YES 1 NOF 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME late Herman Rottman LAST late MIDDLE LAST Erna **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 2020 Edmendson APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0), as a consequence of is 3 - CH. F- Age to -Conditions, if ony, which gave rise to immediate DUE TO, OR ASSACONSEQUENCE OF EVED Lyones in cause tot, stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

HOUR A.M. MONTH DAY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21b. TIME OF INJURY

PM

21e PLACE OF INJURY

STREET

YES [NO

NOL YES 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

211 LOCATION

CITY OR TOWN COUNTY STATE that (1) (we) last and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

saw the deceased alive on_ above, (1) (we) (did) (did not) view the body after death. 226. SIGNATURE

22a | certify that (1) (this hospital) attended the deceased from.

ATTENDING

MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22¢ DATE SIGNED

22d. PHYSICIAN'S NAME ITYPE OF PRINT

236 DATE

22e ADDRESS

DEGREE

23c NAME OF CEMETERY OR CREMATORY

Westview Memorial Pk

YEAR

19

23d LOCATION

Catonsville, Maryland

Cremation Nov 17

230 BURIAL CREMATION, REMOVAL

210 ACCIDENT WAS UNDERLYING

(IF EITHER, NOTIFY MEDICAL EXAMINER)

214 INJURY OCCURRED

WHILE AT WORK

MEDIC

pa

Of DIREC

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

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24 FUNERAL DIRECTOR Witzke 4112 Columbia RD Ellicott City

250 TATA RECID. BY REGISTRAR 251 REGISTRAR'S SIGNATURE CALL Many

DHMH-16 25M (VRA 15, 4) 1/79

should be detact with the State FUNERAL

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BP

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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I	FOR 1 - STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	YGIENE 3 2	8 3 2 5		
ł	I DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DA	AY YEAR 26 HOUR A.		
1	(TYPE OR PRINT) WILME	R	VOORHEES	November 6, 198	9.		
Ì	3 SEX	4 RACE	5. DATE OF BIRTH	To rioe fartemounds amongs	IF UNDER 1 YEAR IF UNDER 24 HRS		
1	Male	White	Dec. 13, 1906	74 YRS. M	ONTHS DAYS HOURS MIN		
Ì	7a. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH		
1	New Jersey	USA	WIDOWED DIVORCED	Baltimore Cou	ntv MD		
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR		
	Catonsville	Apt. 309 E Cedar	1	Retired Clerk	Metal Metal		
-		in other institution, give residence before NTY 13c. CITY OR TOW Catonsvi	11e 13d INSIDE CITY LIMITS?	309E Cedar Run F	lace		
)	Ira Wi	MIDDLE LAST VOOT	rhees Elsie	WIDDLE	LAST		
1	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU	JRITY NO. 17. INFORMANT	ADDRESS			
	no (1115, NO OK ONKNOWN)	137-01-	-3251 Douglas Voc	rhees, 1014 Marksu			
	PART I DEATH WAS CAUSI		rong The	Jose "	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	Conditions, if any, which	DUE TO, OR AS A CONTROLL	in arti-1	Various	leston.		
	gove rise to immediate couse 101, stating the underlying couse last	couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF					
		CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TE	rminal disease or condition give	N IN PART 1101		
2	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED YING CAUSES OF DEATH?		
	OR CONTRIBUTION CONTRIBUTION OF OF			URRED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT 1 OR PART 2)		
	CIFETHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE		
	sow the deceased alive or	n 19 19 19 19 19 19 19 19 19 19 19 19 19		on death occurred on the date and hour			
	22b. SIGNATURE	Vatir &		STAFF DIRECTOR PHYSICIAN	122c. DATE SIGNED 8/		
	22d PHYSICIAN'S NAME (TYPE		22e ADDRESS				
	Dr. Cliff Rat			view Mall, Catonsvi	lle,Md.		
	23a BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATOR	Y 23d. LOCATION CITY OR TOWN	COUNTY STATE		
	Burial		rraine Park	Baltimore,	Maryland		
	24 FUNERAL DIRECTOR 1630	Edmondson Avens	Catonsville,Md 250.D	ATE REC'D, BY REGISTRAR 256, REGISTE	CAR'S SIGNATURE		
	Witzke Catonsvil			10V 1 0 1981 Sances	Jan kether		

BP.

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove corbanpopers. Pages 1 and 2 should be filled with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Hem 21 is marked or Item 18 shows ony injury, or other troumotic event, the medical

DHMH - 16 50M 7/77 (VR A 15 (4))

OR ATTENDING PHYSICIAN: The low offending physicion.

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TO HOSPITAL

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enary # Constitutes		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		dahmi 22 Bunga marin

executed within 24 hours

requires that the death certificate be

FOR - STATE

STATE OF MARYLAND

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		REGISTRAR				CEKIII	ICATE OF D	EAIH	REG. N	10				
١		EASED NAME	FIRST	,	MIDDLE	i	AST		20 DATE OF DEATH	монтн	DAY	YEAR	2h HOUR	
	(TYPE	OR PRINT)	Lesli	.e	E	1	Wade		1.1	11	3	81	2:00) M
	3 SEX	(4 RACE		5. DATE C			& AGE (IN YEARS LAST BE	RTHDAY)		ER I YEAR	IF UNDER 24	-
		Male		White	2	MONTH		18	62	YRS	MONTHS	DAYS	HOURS A	MIN
		RTHPLACE ISTATE OR F	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVERM	ABBIED [1 BALTIMORE CITY			EATH		
1		Colorado		U.S.A	Α.	WIDOWE		ORCED	Raltimo	re Co	ount	У		MD.
	10 CI	TY OR TOWN OF DE	ATH		HOSPITAL, NURSING		R OTHER INST	TUTION	12a USUAL OCCUPAT			KIND O	F BUSINES	5 OR
9	Ca	atonsvill	e		ck Villa		sing Ce	enter	Cook	OF WORKING			raunt	
	USUA 130 S	L RESIDENCE (IF NUR	ISING HOME OF		GIVE RESIDENCE BEFORE		134 INSIDE CI	TV I IAAITS2	13. STREET ADDRESS					
1		arvland	V-		Baltimo			NO 🗌	248 S.Dur		St.			
		THER'S NAME		MIDDLE	LAST		15 MOTHER'S	MAIDEN NA	ME			LAS		
		Georg		⇒ MiDDLE	Wade			irma	middle.				lison	n
5		AS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMAT	VĪ	ADDR	RESS				
4	- ("	ves	WWI		523-18-2	526	Elsie	Beand	er, 248 S.	Durha				
7		IL CAUSE OF DEA	TH (Enter or	nly one couse per	line of (a), (b), and	licial .	am ill	(0)	MINION	~		APPROXI BETWEEN	MATE INTERVA	ATH
		PART I. DEATH V		TE CAUSE (0)	D)HOW	CHO	Janes	- 000	00010010		7			
		1639		DUE TO, O	R AS À CONSEQUE	NCE OF	A. S. L.	Map	105+02s	28				
		Conditions, if any		(ıb)_		/	200	line	10,1	/				
		gave rise to im cause (a), stati	ng the	DUE TO, O	R AS A CONSEQUE	NCE OF								
		underlying causi	e last.	(c)_						11				
	-	PART 2 OTHER SIG	NIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR COM	IDITION G	IVEN IN	PART 1	٥,	
4	CERTIFICATION									Ton 15 v	F.C. 11/F.C			
7	FICA	190 DATE OF OPERA	ATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	20a AUTOPSY?				OF DEATH	?
\leq	RTI	210 ACCIDENT WAS UN	Designic F	7 21b. TIME C	E IN LINE		Tal. How In	ILIBY OCCUPY	YES NO		YES [№ □	
1		OR CONTRIBUTING	_	- 1,0000	M. MONTH DA	Y YEAR	ZICHOWINI	IUKY OCCURI	RED (ENTER NATURE OF INJ	JRY IN ITEM 18), PART 1 OI	R PART 2)		
	MEDICAL	(IF EITHER, NOTIFY MEDI				19	211 LOCATIO	N.						
	MEC		VHILE	21e PLACE (AT HOME, STI	REET, FACTORY, OFFICE, FA	ARM, ETC)	STREET		CITY OR TO)WN	со	YTHUC	STAT	E
		AT WORK - AT W	ORK								10		1	21.4
		220 certify that (I saw the decease	sed alive an	11/2	19	SA 01	nd that in (my) (our) opinion	death occurred on the c	date and ha	_, 19		that (I) (we	
		obove, (I) (we) (22b. SIGNATURE	(did) (did no	ot) view the body	after death.		DEGREE					2 DATE		
		Tice	110 1			As	. D. A	TTENDING	MEDICAL STA	AFF		W/W	15-1	
-		226. PHYSICIAN'S	AME TYPE C	DE PRINTS		10	122e ADDRESS		DIRECTOR PHYS	CIAN		/ /		
		Elmo Ga							rederick R	d. Ba	alt.	.Md.	212	29
-	23a B	URIAL, CREMATION	/		123, N	IAME OF C	EMETERY OR C		1236 LOCATION			,		
	(5	Burial		Nov.9			ille St		CITY OR TOWN	Amma	COUNT		STATE	_
	24 FU	INERAL DIRECTOR)	1104.9	, Lyon Cr	OWIISV	TITE OF		E REC'D. BY REGISTRAL			unde.		1.
		Lilly & Z	eiler	Inc.	1901 East	ern A	Ve.	NC	W 5 1981	Pour		Lan	/ lauch	W.
				2000		-2 41 41	100	111	14 9 1901	10.5.0	- 6	/		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral shauld be faced for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hwith the bate Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. INITION OF TABLE 1 Is marked or Item 18 shows any injury, or other traumatic event, the me TO HOSPITALER ATTENDING PHYSICIAN: The law retained by the hospital or attending physician. BP. DHMH-16 25M (VRA 15, 4) 1/79

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North Control of Committee College And State College C

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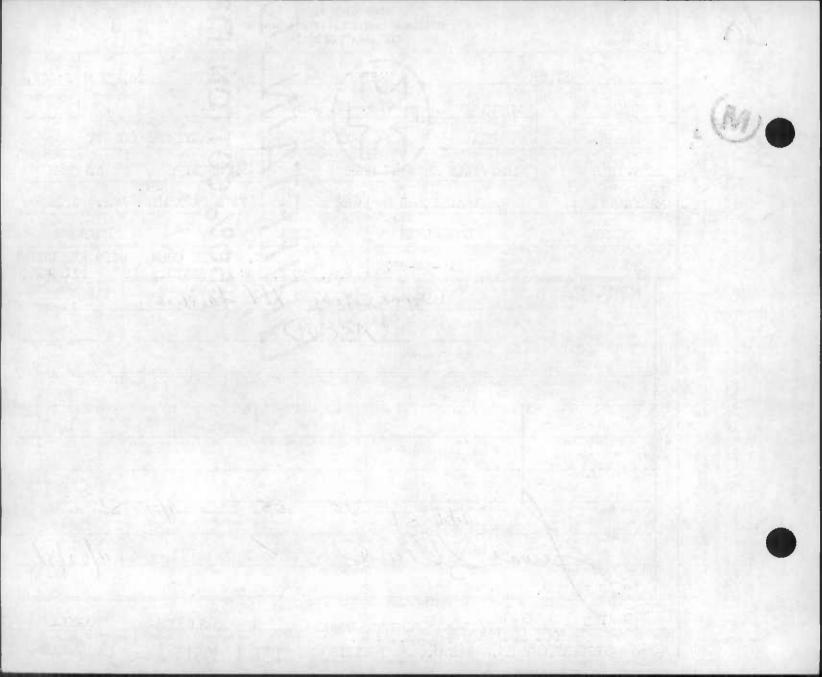
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

J	REGISTRAR			CERTIF	ICATE OF DEATH		REG. N	0		
	1. DECEASED NAME FIRST		WIDDLE		LAST	2a	DATE OF DEATH		DAY YEAR	2b HOUR
	ESTHE	WAI	NER	NO	OVEMBER_	2	6, 1981	5:40P.M		
	1.5EX	4 RACE		5. DATE (GE (IN YEARS LAST BIR		IF UNDER YEAR	IF INDER 24 HR
	FEMALE	WHITE		FEE	. 19°, 1889		92	YRS		
1	PENNA .	US.		WIDOWI	D NEVER MARRIED		ALTIMORE CITY O BALT I	_	COUNTY	MD
7	PIKESVILLE	PIKESV	ILLE NURS	ING H	OR OTHER INSTITUTION	120	USUAL OCCUPATION OF THE HOUSEWIF	E WORKING LIF	12b. KIND C INDUSTRY AT	HOME
	SUAL RESIDENCE (IF NURSING FORE OF MARY LAND	OTH LINSTITUTION	BALTIMOR	V	13d. INSIDE CITY LIMI	TS? 13e	STREET ADDRESS 7111 PARK	APT. HTS.	AVE.	21215
1	HARRY	WIDDIE	GOODÉ LMA	N	15 MOTHER'S MAIDE		WIDDLE		UNK	ÝOWN
	160 WAS DECEASED EVER IN U.S. AR	MED FORCES?	215-54-		PLA AP		EILEEN C BALT	OHN O., M		RED CEDAR
-	PART 2 OTHER SIGNIFICANT				NOT RELATED TO THE	2	a AUTOPSY?	206 IF YES	, WERE FINDII	NGS USED OF DEATH?
1	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINET 21d. INJURY OCCURRED WHILE AT WORK AT WORK 27a. I certify that (1) (this hosp sow the deceased alive above. (1) (we) (did) (during 22b. SIGNATURE 22d. PHYSIC DR. JEROME J.	21e. PLACE (AT HOME STA	M. MONTH DA M. OF INJURY REEL FACTORY OFFICE FA TOTAL DESCRIPTION	19 ARM ETC)	73e. ADDRESS	CCURRED	CITY OR TO	WN ///2(L	COUNTY	
-	23a BURIAL, CREMATICAL REMOVA	COLLER		AME OF C	600 REIS	- A-20-3	OWN RD.			
	(SPECIFY) BURTAL	11/27/	81 C	HIZID	AMIINO		BALTIM	ORE	COUNTY	RYLAND
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DHMH - 16 50M 1/81 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after the tigge 4 may be etained by the hospital or attending physician.	4
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in the rest in restar page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the complete of the states death	
with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or them 18 shows any injury, or other traumatic event, the medical (xagiinexaux) be restly all the medical (xagiinexaux).	

STATE OF MARYLAND	275
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8
CERTIFICATE OF DEATH	

XC 00441815

FOR

2	8	3	E-a	3

1	REGISTRAR		CE	RTIFICATE OF DEATH	REG. 1	NO		
	CEASED NAME FIRST		MIDDLE	LAST	20 DATE OF DEATH		DAY YEAR	2b HOUR
(tabe		ERICK	E	WALBERT	NOVEMBER 1	0. 198	81	4:35 PM
3 SE	X	4. RACE		ATE OF BIRTH	6. AGE (IN YEARS LAST B	IRTHDAY)	MONTHS DATS	IF UNDER 24 HRS.
M	ALE	WHITE		Ŷ 30, 1891	91	YRS	DATS	Miss.
	RTHPLACE STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8	ARRIED NEVER MARRIED	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	
PE	NNSYLVANIA	U.S.A.	WID	DOWED DIVORCED	BALTIMORE			MD
	RT HOWARD	(IF NOT IN SU	HOSPITAL, NURSING HO CHEACILITY, GIVE STREET ADDRESS TEDICAL CENT		170 USUAL OCCUPA (TYPE OF WORK FOR MOST LABORER			F BUSINESS OR
130 9	AL RESIDENCE IF NURSING HOME OF STATE 130 COU	NTY	130. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS ROUTE 1			
14 FA	THER'S NAME FIRST	MIPDLE	LAST	IS MOTHER'S MAIDEN NA	mh MIDDLE		LAS	ı
	VAS DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SECURITY	NO. 17 INFORMANT	ADD	RESS		MITTER S
YE	S WWI		204 09 6747	CLINICAL RE	CORDS, VAMO	, FOR		
	18 CAUSE OF DEATH Enter o PART I. DEATH WAS CAUSI IMMEDIA	nly ane cause pe ED BY TE CAUSE (a)	ASPIRATION	PNEUMONIA			APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, If any, which gave rise to immediate cause to stating the underlying cause last. PART 2 OTHER SIGNIFICANT	b)_ DUE TO, C	PARKTINSONI OR AS A CONSEQUENCE ONTRIBUTING TO DEATH	SM	MIN AL DISEASE OR COI	NDITION GIV	VEN IN PART I	o .
lo No	GL	AUCOMA						
CERTIFICATION	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH OPER	RATION WAS PERFORMED	200 AUTÓPSY? YES M NO□	IN CERTI	S, WERE FINDING CAUSES	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	OF INJURY m. MONTH DAY Y m.	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN.	IURY IN ITEM 18	PART 1 OR PART 2}	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE, FARM ET	2H. LOCATION STREET	CITY OR 1	OWN	COUNTY	STATE
	220.1 certify that (1) (this hosp sow the deceased olive or abave, (1) (we) (did) (did no	ital) ottended the NOVEMENT of view the bad	he deceased fram 00 34R 10 19 81 7 after death.	OBER 28 , 1981 —, and that in (my) (our) opinion	deoth accurred on the			that (I) (we) last causes stated
	226. SIGNATURE	anami		DEGREE ATTENDING PHYSICIAN [MEDICAL ST. DIRECTOR PHYS	AFF ICIAN	22c DATE	SIGNED 0/81
	SRINIVASAN L.		HAN, M.D.	VAMC, FORT	HOWARD, MD			
B	BURIAL, CREMATION, REMOVAL SEPECIFY) CLP (CL)	236 DAJE	1-	OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN COWNS		COUNTY	STATE
24. Fl	JNERAL DIRECTOR	,	ARDRESS	250. DA	TE REC'D. BY REGISTRA	K ZSb. REGIS	IKAR'S SIGNAT	UKE
5	ANNINO CON. H.	ome- o	163 J. CON	KLING ST, NO	12 0 1981 2	12 reso	Can 9	aillea

DHMH - 16 50M 1/81 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- 4	REGISTRAK			CEICIII	TEATE OF BEATTI	REG N	Ю.				
	T DECEASED NAME FIRST	harlotte	MIDDLE		KER	November		1981	9:00 P		
	1 SEX	4 RACE		5. DATE O		6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER - YEAR			
	Female	White		Dec.	13,1895 YEAR	86	YRS.	MONTHS DAYS	MOURS MIN.		
i	BIRTHPLACE ATE OR FOREIGN	76 CITIZEN OF	WHAT COUN	ITRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH			
5	Md.	USA		WIDOW		Baltimor	e Cor	unty	MD.		
7	ESSEX	(IF NOT IN SUC	H FACILITY, GIVE	STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT	OF WORKING		OF BUSINESS OR		
	USUAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION		BEFORE ADMISSION	pitai	Housewife	2				
1	Md.	INTY	Balti		13d INSIDE CITY LIMITS?	13e STREET ADDRESS 6607 Wal	ther	Avenue			
	14 FATHER'S NAME	MIDDLE	LAS	Ť	15 MOTHER'S MAIDEN NAM			LAS	57		
	Frank E.	. So	chulte		Martha		Cavar				
	160 WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL	SECURITY NO.	17_INFORMANT	ADDR	ESS				
-	no	IVE WAR OR DATES;	214-2	2-0003A	Mrs. Ann C.	Gordon 440	01d	Home Ro	Home Rd.		
	Canditions, if any, which gave rise to immediate cause to, stating the underlying cause lost PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, O	R AS A CONS Ather	SECTIVE he SEQUENCE OF OSCIETO TO DEATH BUT	ary arrest eart failure tic coronary v NOT RELATED TO THE TERM		IDITION G	IVEN IN PART 1	NGS USED		
4	THE LEGISLATION OF THE PERSON					YES NO		ES [NO [
	OR CONTRIBUTING CAUSE OF DI LIFE EITHER NOTIFY MEDICAL EXAMINI 21d IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMINI 21d IN JURY OCCURRED AT WORK AT WORK 22d I certify that AT (this hasp sow the degeased alive of above, (If we I did I dyon 22b. SIGNATURE 72d. PHYSICIAN'S NAME (TYPE	P PLACE (AT HOME, STO Novemb Novemb ORPRINT)	M. MONTH M. OF INJURY REET FACTORY O	MD	DEGREE ATTENDING PHYSICIAN 27e ADDRESS 9000 Frank	to November to Nov	er 25 ate and ha	19.81. our and fram the			
	230 BURIAL, CREMATION, REMOVA		7 7007	Parkwoo	EMETERY OR CREMATORY	23d LOCATION		COUNTY	TATE		
	Duriar	EVOV. 30	TAGT	Parkwoo	a	Baltimore	5	Md.			

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR Leonard J. Ruck Inc. Baltimore, Maryland NOV 27 1981 James Can Harthen

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(VR A 15 (4))

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 7b HOUR (TYPE OF PRINT) HESTER Nov & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3 SEX 5 DATE OF BIRTH IF UNDER I YEAR DAYS HOURS. 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SALES MAN USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 113b. COUNTY 13c. CITY OR TOWAL 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST ILLIAN ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and VA- à cardise aver PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Cardeac & Coronary un Conditions, if ony, which gove rise to immediate couse to, stoting the DUE TO, OR AS A CONSEQUENCE OF OUR P underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NOL 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 710 ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL 30 Am. Nov. 8 (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE NOV. 220 L certify that (1) (this hospital) attended the deceased from May Nov.5 sow the deceased alive on Neves obove, (1) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE 22c. DATE SIGNED DEGREE MEDICAL 10-ATTENDING STAFF Ild be deto PHYSICIAN TH DIRECTOR PHYSICIAN MPORTANT COHEN. 23a. BURIAL CREMATION REMOVAL 73h DATE 23c NAME OF CEMETERY OR CREMATORY 24 FUNERAL DIRECTOR DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77

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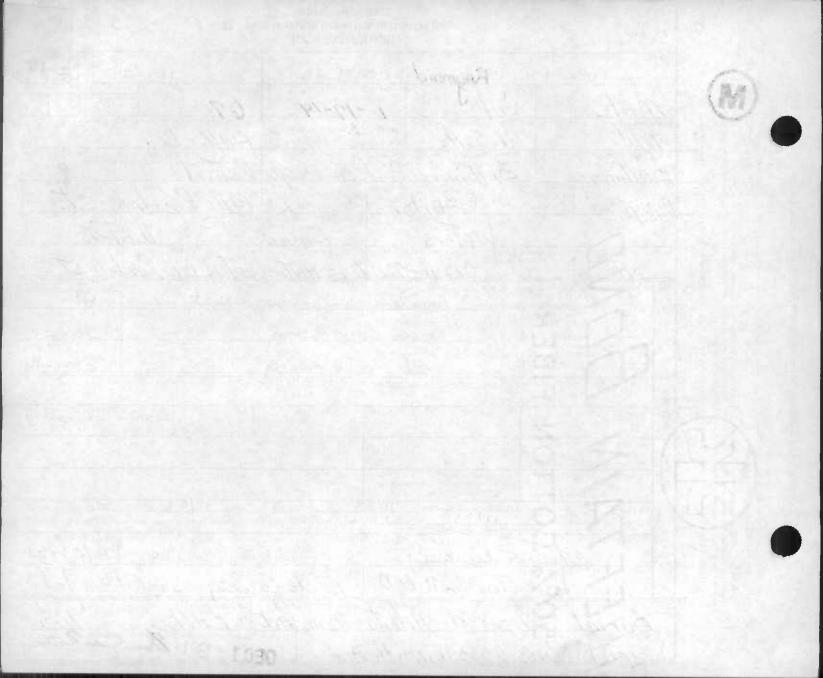
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	TO HOSPITAL OR ATTENDING PHYSICIAN The estimed by the hospital or attending physician
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DHMH - 16 50M 1/81 (VRA 15, 4)

3	1	FOR STATE REGISTRAR		DEPART		HEALTH AND MENT			44	0	5
	LDE	CEASED NAME FIRST		WIDDLE		IAST		REG. NO	MONTH	DAY YEAR	26 HOUR
		P. Phil debins by		a 1	110	4 7 = 0 -		W. DAIL OF DEATH		2	20 HOUR
		VOSE		RAYMOND		AIERS					+0
	1.5E	10- 1	4 F	RACE	5. DATE	OF BIRTH	6	AGE (IN YEARS LAST BIR	[HDAY]	WONTE DAT	HUURS
	1	nale		(1)/	1	-17-14	LEAR	1.7	YRS	10.471	HUURS
	Pa. W	HTHPLACE / CHARLES JOHNGN	76	CITIZEN OF WHAT COUNTRY?	8	-	9	BALLIMORE CITY O		Y OF DEATH	
50	(tool	10	1151	MARRI	ED 🔼 NEVER MARR	RIED -	Balt	10	OI DEATH	
20	1	1/0.		U13,171	WIDOW			H1110.	(00		
200	10.7	DY OR TOWN OF DEATH	11.	NAME OF HOSPITAL, NURS IN		OR OTHER INSTITUT	ION I	20 USUAL OCCUPATI	ON F WORKING LI	126 KIND O	F BUSINES
35.5	P	Allimore		Bollinger	(O	(9Pn. 1-to	150	Volivel	F WORKING !	INDUSTRY	Æ
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2	124	gryinno		19111),	YES NO	70.0	1410 KC	seci	910 3	10
100	34.79	THINK'S NAME	MIDE	DIE LAST		15. MOTHER'S MA	IDEN NAME	MIDDLE	1	7	7
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9	16a V	VAS DECEASED EVER IN U.S	. ARMEI	FORCES? 166 SOCIAL SECU	JRITY NO.	17 INFORMANT	0///	ADDRE	SS	111	
1/	-	YES, NO OR UNKNOWN) (IF YE	S, GIVE W	AR OR DATES)	2001	1/2 1/	11/	wat ul	100	//	1
17		NO		112-18-	12/	VI)5. HB	1/100	UAICIS 141	OKO	ECIALE.	2/
5		18 CAUSE OF DEATH Ent	er anly o	ne cause per line for (a), (b), ar	dici			1	N/A	BETWEEN	MATE INTERV. DINSET AND D
1		PART I. DEATH WAS CA		(1)	den	carlin-	ream	amest		5	1
2	160										
1		1171		DUE TO, OR AS A CONSEOU		1. 0-10	,			0	0
2		Canditians, if any, which		b) Jav	eve C	renignati	ON.			20	xays
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1		underlying cause last		Pra	0	ralianas	v no v			6	MON
8		PART 2 OTHER SIGNIFICA	NICON	DITIONS CONTRIBUTING TO	DE ATH BUT			AL DISEASE OR CONT	NITIONI CII	(ENLINE DADE 1	
5	2	TAKI Z OTTEK SIONIFICA	141 COL	CONTRIBUTING TO	DLAIN BO	THO RELATED TO	INE LEKIMIN	AL DISEASE OR CON	JIION GI	VENINPARTIC	1"
-	E	WITH CHEST AND DESIGNATION OF									
4 134	FICATI	IN DATE OF OPERATION		196 CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	D	20a AUTOPSY?	IN CERTI	S, WERE FINDIN FYING CAUSES	OF DEATH
1 /	1							YES NO		s 🗆	NO
20	CER	210 ACCIDENT WAS UNDERLYING	G 🗍	216 TIME OF INJURY		21c HOW INJURY	OCCURRE	ENTER NATURE OF INJUR	Y IN ITEM IB	PART I OR PART 2)	
E 49	7	OR CONTRIBUTING CAUSE C		HOUR A.M. MONTH D							
2 /	5	(IF EITHER NOTIFY MEDICAL EXAM	MINER)	P.M.	19						
0	WEDS	214 PUURY OCCURRED		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	ARM ETC 1	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STA
2	*	NOT WHILE AT WORK]								
8		22a 1 certify that (I) (this h	ospital)	attended the deceased fram_	11/2	2-3	81	10 11/2	3	19 81	that (1) (we
5		saw the deceased aliv		11/23				ath occurred on the do	an and have		
E E		abave, (1) (we) (did) (di	d not) vi	ew the bady ofter death.	. 0		Spinion de	occorred on the do	ne and not	and from the	couses stote
2		77h SIGNATURE	1	1/1 1 11	×	DEGREE				22c DATE	SIGNED
=		AT	Lier	Au Sunly	D			MEDICAL STAF		11/2	23/8
Z .		22d PHYSICIAN'S NAME (YPE OR PRI	NT)		22e ADDRESS	4	DINECTOR LI PHISIC	I A	- 1	1
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2	33a 1	URIAL, CREMATION, REMO	VAL 2	3b DATE	NAME OF	EMETERY OR CREM		23d LOCATION	4	1	
	1	Burial		11-28-81 4	h.7	1 Thon	tark	CITY OWN	4	COUNTY	mit
-	24 61	JNERAL DIRECTOR	- /	1 00 01 111	UVII	13 1//6/11	11/1/	OF CID BY PERIOR DE	011	ED A D 400 100 1	1100
81	1	NAME NAME)	A ADDRESS	11		ASO. DAIL	REC'D. BY REGISTRAR	250 3 5 15	IKAR 6 JIGNA	Martho
10	11	seph L. V	1150	5 2555 111. NA	nth	Anso,	nF	01 1481	Man	w y	April 6

STATE OF MARYLAND



executed within 24 hours

requires that the death certificate be

OR ATTENDING PHYSICIAN The low the hospital or offending physician.

TO HOSPITAL OR ATTENDIN

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF CERTIFICATE OF DEATH

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	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. I	NO	
	CEASED NAME THIS	WIDDIE	1	AST	20 DATE OF DEATH	MONTH DAY YEA	R 2b HOUR
	RACHE	4	WAIK	1145	/	1 3 81	10/5AM
3.56		4 RACE	5 DATE C		6 AGE (IN YEARS LAST E	MONTHS DA	
12	FEMPLE	(0),	6	18 1914	4 607	YRS	MIN.
7 e. 8	PRINCE PROPERTY.	76 CITIZEN OF WHAT	COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	1
H	OWARD G. md	6.51	WIDOWE		BAITIN	nare Co.	MD.
110 C	ITY OR TOWN OF DEATH		TAL, NURSING HOME O	OR OTHER INSTITUTION	12a USUAL OCCUPA		D OF BUSINESS OR
	BAIL	BAllim	are (n. Go	en Hospi	Domesti	OF WORKING LIFE) INDUST	RY
USU 13n	IAL RESIDENCE (IF NURSING HOME O STATE 1 136 COU		MY OR TOWN	13d INSIDE CITY LIMITS?	1 .	A 16.	. 01
m	Aryland	E	Allo.	YES NOV	13e STREET ADDRESS	nilford /	illed
14. F.	ATHER SNAME	MIDDLE	1.	IS. MOTHER'S MAIDEN NA		7	1
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	WAS DECEASED EVER IN U.S. AF (YES NO OS JINKNOWN)	RMED FORCES? 166 SO	OCIAL SECURITY NO.	INFORMANT /	1-7/ LADDI	RESS	16 -1101
	///	<u>Da</u>	0-12-7503	MINION KACINE	el Muku	814 Milford	milika
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	ally one couse per line to	ol, (b, and c	1.11- 01	100000	BETWE	EN ONSET AND DEATH
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	couse 101, stating the underlying cause last	DUE TO, OR AS A	CONSEQUENCE OF				
		((c) PO	ST RES	PIRATIORY	PARKE	51	
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	BUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COI	NDITION GIVEN IN PART	110
CERTIFICATION	19a DATE OF OPERATION	19h CONDITION I	OR WHICH OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b IF YES, WERE FIN	IDINGS LISED
FIC			ok willen of ekanlo	WAS TEN ONNED		IN CERTIFYING CAU	SES OF DEATH?
ERT	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJU	RY	21c HOW INJURY OCCUP	YES NO	YES	NO []
	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. M	ONTH DAY YEAR	The state of the s	TENTER NATURE OF IN	ORTHANEM TO PART I OR PART	41
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19	211, LOCATION			
A.	WHILE TO NOT WHILE TO		TORY OFFICE FARM ETC)	STREET	CITY OR T	OWN COUNTY	STATE
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113	sow the deceosed olive or		19	d that in (my) (our) opinion	deoth occurred on the		the couses stated
	obove, (f) (we) (did) (did no 22b. SIBNATURE	it) view the body after d	eoth	DEGREE			AVE 51GNED
	HAJEEZ D	fred 4	1	ATTENDING		AFF _/ ///	ale,
1	22d PHYSICIAN'S NAME (TYPE	OR PRINT!		PHYSICIAN 22e ADDRESS	DIRECTOR PHYS	ICIAN M	101
	HAFEEZ	A SYE	Dn.O	BALTIMAN	E COUNT	Y GEN H	05%.
	BURIAL, CREMATION, REMOVAL	23b. DATE	230 NAME OF C	EMETERY OR CREMATORY	23d LOCATION	-1/2 COUNTY	(parie)
24 F	DUVITY UNERAL DIRECTOR 1	111-10-81	Westure	winem. IAN	CHIONS	01110	1110
1	NAME IN A I	1.100	ADDRESS / A/	of the Aug	TE REC D. BY REGISTRAL	R 256 REGISTRAR'S SIGN	ATURE
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DHMH - 16 50M 1/81 (VRA 15, 4)

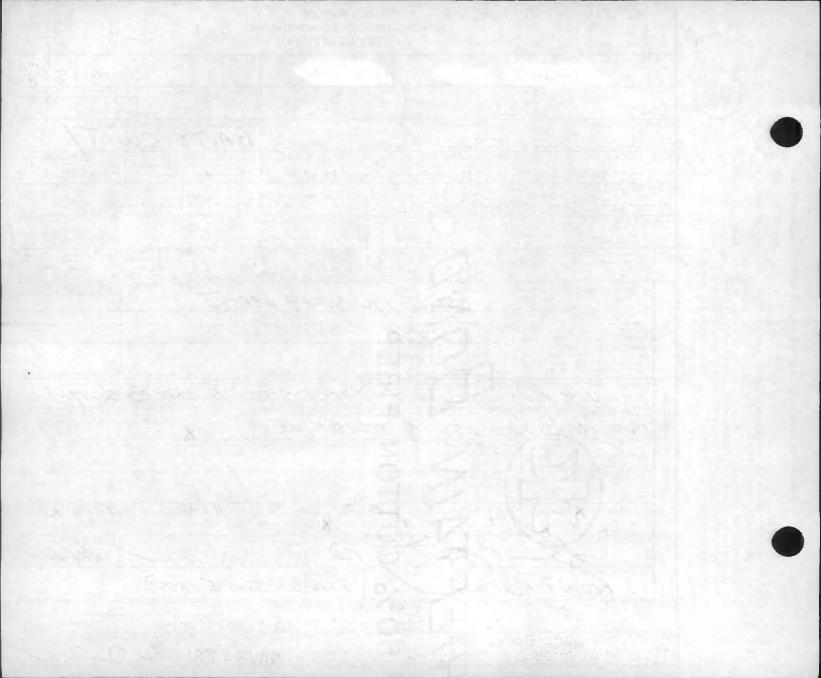
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fortunational be detached for use as the burial-transit permit. Then please remove corbompopers. Pages 1 and 2 should be filled with a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

the want of a life of within the from Marie Suncelle Entle & Server House & But that est tent something Born and Marked States 84 miles Smilled Brown I Wat Late Marchel Calmanth Justice of the same with the sale

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	tho
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital as attending physician.
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	X	١,	#17,FilmG56	1 11/30/8			E OF MARYLAND EALTH AND MENTAL H	YGIENE 8	2	8 3	n. E Final
	0	-	REGISTRAR			CERTIF	ICATE OF DEATH	REG.			•
φ			CEASED NAME FIRST		MIDDLE		AST	2a. DATE OF DEATH	-	11	HOUR e/15
dy b	1	3 SE	Howa		liver		tts		- 11	10/10/	O AM
e 4 B	1		ale	Whit	e	5. DATE O		6 AGE (IN YEARS LAST	0		OURS MIN.
P 2	41	7a. B	RTHPLACE (STATE OR FOREIGN		WHAT COUNTR	Y2 8		9 BALTIMORE CITY	1110	Y OF DEATH	
deoth	1	Wa	shington D.		S.A.	WIDOWE		BALT	O CO	ounty	MD.
the fu	V		TY OR TOWN OF DEATH	(IF NOT IN SL	ICH FACILITY, GIVE STRE	EET ADDRESS)	ROTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS	ATION TOF WORKING L		
à à à			SSVILLE AL RESIDENCE (IF NURSING HOA	Frank	lin Squ	are H	ospital	Camera	Man	Cork&	Seal
filled a	35	13a 5	STATE 13b C	ltimore	13c. CITY OR TO	NWN	13d. INSIDE CITY LIMITS?	3117 Vu		Road	
etely d 2 st	21	14 FA	THER'S NAME FIRST	WIDDIE	LAST		15. MOTHER'S MAIDEN I	NAME		LAST	
omple and	3		James	G.	Watt		Carrie			Cown	es
nd o				ARMED FORCES?			17. INFORMANT		PRESS311		
on one			No		577-24	-2308	Marjorie	R. Watts	Bal	to., MD	
a physic on pape emaval.			18 CAUSE OF DEATH Enter PART I. DEATH WAS CA	r only one couse pe USED BY: DIATE CAUSE (0)	CARDA		MONTARY.	4RR051.		BETWEEN ONS	ET AND DEATH
nding corbin		3	4599	DUE TO, C	OR AS A CONSEO	UENCE OF					
atte nave otiar			Conditions, if any, which		208	50					
by the ase ren			cause (a), stating the underlying cause last		DR AS A CONSEO	DUENCE OF					
n signed Then ple	``	NO	PART 2 OTHER SIGNIFICAL VISCO		CCUSIC	O DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CO	NDITION GIVE	SIVITI	P
an. bas been permit. ene priar	2	CERTIFICATION	190 DATE OF OPERATION	196, CONE	UPSCUCA	-	WAS PERFORMED	20a AUTOPSY?	IN CERTI	S, WERE FINDINGS FYING CAUSES OF ES ()	
icate ransit Hygic	0	CER	21a. ACCIDENT WAS UNDERLYING	- 110110 4	OF INJURY	DAY VEAR	21c HOW INJURY OCCI	JRRED (ENTER NATURE OF IN			.0 []
SICIA ng pl certif rial-t ental	7	CAL	OR CONTRIBUTING CAUSE O	DEMITT	P.M.	19					
attendir er this s the bu		MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY FREET, FACTORY OFFICE	E, FARM, ETC)	211. LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
ADIN ALISE OF PARTY AND IN A PARTY A			22a.1 certify that of (this hi	ospital) attended t	he deceased from		13 19 8	7 to 11/a	0	19 97 , tho	t (K(we) last
portal for to of H			sow the deceosed plive above, New (did) (did	on /// //	v ofter depth.	%/, or	d that in (our) opinion	on death accurred on the	date and hou	ur and from the cou	ses stated
on hair hair hair hair hair hair hair hair			22b. SIGNATURE		1	X	DEGREE			22c. DATE SIG	NED
RAL Geta		133	9	-1,	7910		ATTENDING PHYSICIAN	MEDICAL ST	AFF SICIAN 🗗	11/29	8/
etained by the stand of the sta	/		22d. PHYSICIAN'S NAME (TO	7 . /	No	/0	TRANKUN	SQUARE 1	4057.		
sha with	-	23a B	URIAL, CREMATION, REMOV		730	NAME OF C	EMETERY OR CREMATOR	Y 23d LOCATION			
BP		(Burial	11/2:			s Of Faith	CITY OF TOWN	ore	COUNTY	vland
HMH - 16 50M 1/B	1	24 FU	INERAL DIRECTOR Duda	-Ruck,				ATE REC'D. BY REGISTRA		TRAR'S SIGNATURE	Land
(VRA 15, 4)		79	22 Wise Ave	enue I	Dundalk	, MD.	21222	IDV 24 1981	Aran	u Dan Ma	rthen



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STATE OF MARYLAND

LAST

5. DATE OF BIRTH MONTH

MARRIED

CASTROINTESTINAL

CONDITION FOR WHICH OPERATION WAS PERFORMED

YEAR

19

WIDOWED AME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

NEVER MARRIED

DIVORCED

MOTHER'S MAIDEN NAME

HEMORRHAGE -

IONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO

17 INFORMANT

ERRHOSIS

211 LOCATION

20 DAT

6. AGE (IN YEARS LAST BIRTHDAY)

120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE

BALTIMORE CITY OR COUNTY OF DEATH

3	1	6.	. 0	19	63
	REG. N	10.			
E OE	DEATH	MONTH	DAY	YEAR	25 HOLL

126 KIND OF BUSINESS OR

20b. IF YES, WERE FINDINGS USED

YES &

IN CERTIFYING CAUSES OF DEATH?

NO I

	1	FÓR STATE REGISTRAR	DEPARTMENT O
0		CEASED NAME FIRST OR PRINT)	ELIZABETH 1
	3. SE)	F.	1. RACE NEGRO 5. DAT
5	C	RTHPLACE (STATE OR FOREIGN	U.S. A. WIDO
0		Balto.	11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
5	13a. S	TAM & 13b C	AE OR OTHER INSTITUTION, GIVE RESIDENCE BÉFOIR ADMISSIÓ OUNTY 130 ORTOWN
30	X	as Vilas	En Hendlinger
		VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECURITY NO. S. GIVE WAR OR DATES) 212-26-69
	NOI	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF SOME TO, OR AS A CONSEQUENCE OF
1	MEDICAL CERTIFICATION	saw the deceased aliv	HOUR A.M. MONTH DAY YEA P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM ETC.) Tospital) attended the deceased from
1		22d PHYSICIAN'S NAME IT	YPE OR PRINT) MORTON

and that in (my) (aur) opinion death occurred an the date and haur and from the causes stated 22c. DATE SIGNED DEGREE MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

200 AUTOPSY?

211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NOF

CITY OR TOWN

BERT F.	MORTO	N	
36 BURIAL, CREMATION, REMOVAL	23b. DATE 14/81	231 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR JOHN THE CITY OR JOHN THE	, COUNTY STATE
4 FUNERAL DIRECTOR	HOME 13	NOV 1 0 1004 2	rea lan lather

DHMH-16 30M 2/80 (VRA 15, 4)

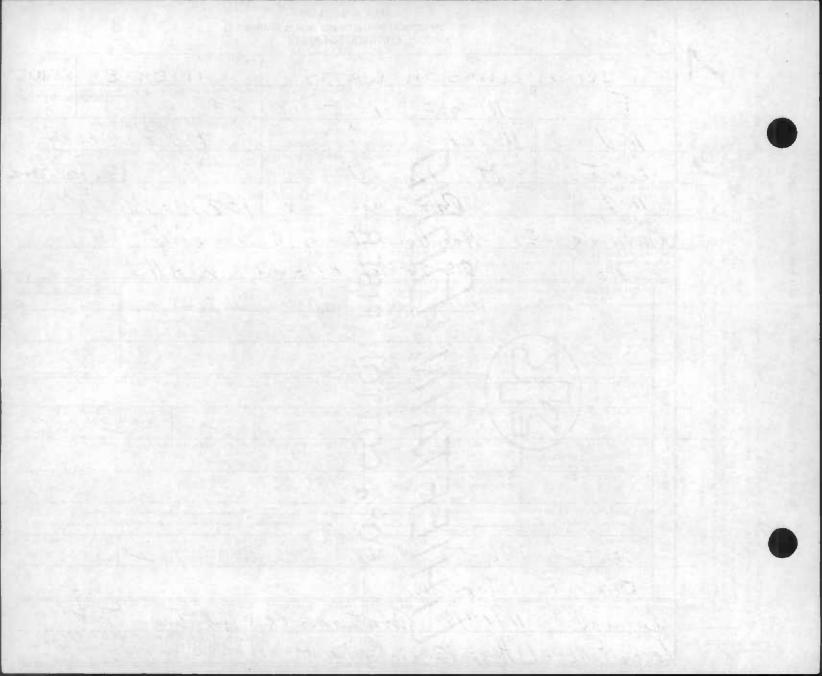
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FUNERAL DIRECTOR.

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MPORTANT: If the



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	DECISTRAD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	05'0 110				

REGISTRAR					REG. NO.	
1. DECEASED NAME	FIRST	WIDDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	FRANK	C.	WEAVER	R, SR.	November 10,	1981
3 SEX	4 RACE		5. DATE OF B		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 H
Male	White		NOV.	7,1892 YEAR	89 YR:	MONTHS DAYS HOURS M
TO BIRTHPLACE (STATE	DE FOREIGN 76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OR COUN	NTY OF DEATH
Penn.		5.A.	WIDOWED		Baltimore Cour	nty,
18 CITY OR TOWN OF E	(IF NOT IN SI	HOSPITAL, NURSING SCHEACILITY, GIVE STREET A DSEPH HOSP	ADDRESS)	THER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Penn. R.R RE	
USUAL RESIDENCE (IF N 130. STATE Maryland	13b COUNTY Baltimore	13c. CITY OR TOWN	N 13d	INSIDE CITY LIMITS?	13e STREET ADDRESS 2211 Taylor Av	7e.
14 FATHER'S NAME FIRST Unkno	MIDDLE WN	Weaver	15	MOTHER'S MAIDEN NA/ Unknown	WE	<i>Unknown</i>
	R IN U.S. ARMED FORCES?	16b SOCIAL SECUI	RITY NO. 17	INFORMANT	ADDRESS	
YES NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	716-01-8	992 N	frs. Jeanne	Weaver 2809 Ba	auernwood Ave.
	my, which b) blumediate ting the see last cc)	OR AS A CONSEQUE OR AS A CONSEQUE	NCE OF	onar la	inal disease or condition of	GIVEN IN PART 1 ra
NO DATE OF OPEN	TATION 196 CONI	DITION FOR WHICH	OPERATION W	AS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
OR CONTRIBUTING	CAUSE OF DEATH HOUR A	OF INJURY A.M. MONTH DA P.M.	Y YEAR		RED (ENTER NATURE OF INJURY IN ITEM	IB PART OR PART 2}
ALUITE NOI		OF INJURY TREET FACTORY OFFICE, FA		LOCATION STREET	CITY OR TOWN	COUNTY STAT
sow the dece	(t) (this haspital) attended to a seed alive an	19 19	DEG	REE ATTENDING	death accurred an the date and I	
276 PHYSICIAN'S	NAME (TYPE OR PRINT)	- Form	177	PHYSICIAN (DIRECTOR PHYSICIAN	1/11/01
	Kaplan, M.D		12	16918 York	Rđ.	1
230 BURIAL, CREMATIO			IAME OF CEME	TERY OR CREMATORY	23d LOCATION	
SPECIFY) Burial	11-12-			tain Cemete	CITY OR FOWN	COUNTY

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compliant should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages I and a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

NAME Leonard J. Ruck, Inc. Balto., Md.

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

moundered Julmonar Surphysema

completely filled in by the funeral director is 1 and 2 should be filed within 72 hours of executed puo physicion TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove corban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. es that the death PHYSICIAN: The low or offending physicio OR ATTENDING etained by the hospital

corbon popers. Poges 1

injury, ar other traumatic event, the medical

IMPORTANT: If Item 21 is morked or Item 18 shows ony

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STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG NO

8

							NEO. 140			
	CEASED NAME FIRST	M	MDDLE	t	LAST		2a DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	JOHN		Casper	WE	AVER			11 - 25	5-81	12:56am
3. SE		4 RACE	1	5. DATE C	OF BIRTH		6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	White	e	Feb:	ruary 2,		83	YRS		HOURS MIN
	IRTHPLACE (STATE OR FOREIGN OUNTRY)	16 CITIZEN OF V	WHAT COUNTRY?	8 MAPPIE	D NEVER MA	RRIED [9 BALTIMORE CITY O	R COUNT	TY OF DEATH	
1	Maryland	USA		WIDOWE	D DIVO	RCED 🖾	BALTIMORI			MD
10 CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTIT	UTION	12a USUAL OCCUPATA			F BUSINESS OR
η	TOWS ON	ST. J	OSEPH HOS	SPITA	r.		Mechanica	1 He	lper T	ire
13a. S	AL RESIDENCE (IF NURSING HOME C STATE 13b COU	NTY	13c CITY OR TOW		13d. INSIDE CITY	LIMITS?	13e STREET ADDRESS		(:11 D	.1
Ma	aryland Balt	imore	Sparks			10 🔀	2325 Bens	son N	VIII Roa	a
14 FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S A		WIDDIE		IAS	ST.
		Washing		aver		abeth			Fishe	r
16a. V	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b SOCIAL SECU		17 INFORMAN		ADDRE	SS .	ille, Md.	
(YES NO OR UNKNOWN) (IF YES GE	W T DATES)	212-01-	3901	Robert	Payn	e 218 Wick	ersh	nam Wa	, 21030 y
	18 CAUSE OF DEATH Enter of	nly one couse per	line for (a), (b), an	dicii					BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUS	ED BY	PNEUMO							
	401 B	TE CAUSE (o)								
)	1060	DUE TO, OF	R AS A CONSEQUE	ENCE OF						
	Conditions, if any, which gave rise to immediate	(b)								
	cause (a), stating the underlying cause last	DUE TO, OF	r as a conseque	ENCE OF						
		((c)								
7	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED T	O THE TERMI	NAL DISEASE OR CON	DITION G	IVEN IN PART TO	51
CERTIFICATION	CHRONIC B							Ton it is	TO MESS SHIP	
S	190 DATE OF OPERATION	19b. COND1	TION FOR WHICH	OPERATIC	N WAS PERFOR	MED	20a AUTOPSY?		ES, WERE FINDING	
E							YES NO	,	YES 📋	NO 🗌
1 8	210. ACCIDENT WAS UNDERLYING	LIQUID A	FINJURY M. MONTH D	VEAR	21c HOW INJU	JRY OCCURRI	ED (ENTER NATURE OF INJUI	Y IN ITEM 18	3, PART 1 OR PART 2)	
	OR CONTRIBUTING CAUSE OF DI	ALM		19						
MEDICAL	21d. INJURY OCCURRED	21e PLACE C			21f. LOCATION	1				
ME	WHILE NOT WHILE	(AT HOME, STR	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TOV	/N	COUNTY	STATE
	AT WORK AT WORK			11	1/10	5-1	11/2	-	10 8/	de la de la Arab
	220.1 certify that (I) (this bosy		e deceased from_	81	Tallanda Importa	19 <u>2</u>	leath accurred on the de			that (1) (we) Tast
	saw the deceased alive a above, (1) (we) (did) (did n	at) view the bady		, 0		er) opinion a	learn accurred on the a	ore ond no		
	226. SIGNATURE		8 /		DEGREE	TELIDILIO	MEDICAL STA		It DATE	SIGNED
	Than		Dece			TENDING TYSICIAN	MEDICAL STA		11/2	5/81
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS				/	1
	FRANCIS T	DALY, M.					ROAD TOWS	ON MI	21204	
23a.	BURIAL, CREMATION, REMOVA	L 23b. DATE			CEMETERY OR CR		23d. LOCATION CITY OR TOWN		COUNTY,	STATE & 1
1	Burial	11/28	/81 D	ruid	Ridge C	emete	ry Bikes	ville,	, Balto.	Co., Md
24. F	UNERAL DIRECTOR				7 (77)	25a DATE	REC'D. BY REGISTRAR	25h REGI	STRANS SIGNAT	JR -the
M.	saftin D. Laws	son 10 W	. Padon	ia Ro	ad, Tim	Out Man	V 27 1981 d	pance	so fant	KALIVIO

DHMH - 16 50M 1/76 (VR A 15 (4))

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	and hours, see also		

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death Page 4 may be TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs offer retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral directions should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hour manth the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shaws any injury, or other traumatic event, the medical

er must be notified of ance

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL I	HYGIENE (REG. NO.	2 8	د	3	Ö
Ī	DECEASED NAME OFFI	O E.	DOLE	WEBE	R R	2a DATE	E OF DEATH MONT	TH DAY 25	YEAR 81	2b HOU	R
t	3 SEX	4 RACE		5 DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)		ER I YEAR	IF UNDER	24 HRS
l	MALE	CAUCASI	EAN	Dec	6, 1900	80		YRS	DAYS	HOURS	MIN
I	76. BIRTHPLACE (STATE OR FOREIGN Maryland	76 CITIZEN OF WI	HAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	DA	MORE CITY <u>OR</u> CO				MD
Ī	BALTIMORE		SPITAL, NURSING		OR OTHER INSTITUTION		ALOCCUPATION		KIND OF	BUSINE	SSOR
I	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 130 COU		IVE RESIDENCE BEFORE ACTIVOR TOWN BALTIMO		13d. INSIDE CITY LIMITS YES NO ()	13e STRE	WILLOW	AVE.			
J.	Tohn Weber	MIDDLE	LAST		Emmer's Maiden		WIDDLE		LAST		
	(YES, NOORUNKNOWN) (IF YES, GIV		193211	_	17 INFORMANT DONALD WI	EBER 1	ADDRESS 7 WILLO	W AVE	APPROXIA BETWEEN O		
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT (19) DATE OF OPERATION	DUE TO, OR A		NCE OF	NOT RELATED TO THE TI		UTOPSY? 206	o. IF YES, WER	E FINDIN	IGS USED	-
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLAND OR CONTRIBUTION (Figure R, NOTIFY MEDICAL EXAMINER			Y YEAR	21c. HOW INJURY OCC	YES CURRED (ENTER	NO	CERTIFY ING YES TEM 18, PART 1 OF		NO [
	OF CONTROL OF THE PROPERTY AND THE PROPERTY AND THE PROPERTY AT WORK AT WORK AT WORK	21e PLACE OF	INJURY T, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	_	CITY OF TOWN	COL	UNTY	ST	ATE
	22a I certify that (I) (this hosp saw the deceased of	4/10/8	19	5/30 8/ on	Id that in (my) (aur) apin	ion death accu	urred on the date o	nd hour and l		that (I) (w causes sto	
	H- Lew	pelles	ed	A	ATTENDING PHYSICIAN		AL STAFF OR PHYSICIAN		1-2	S-	81
	122d, PHYSICIAN'S NAME (TYPE OF	Schor	nupld	, M.D	122e. ADDRESS	enile	worth	Dr			
	230. BURIAL, CREMATION, REMOVAL SPECIFY 181	23b. DATE 11-30-	_	ame of c		ery Ba		Maryl	and	STA	VTE.
ľ	TO CTAL	4210/	Solo No.	00.	25a.	OV 27	SY RECTSTRARIZED R	REGISTRARIS	SIGNAT	RING	No.

4210 Belane AD.

DHMH - 16 50M 7/77 (VR A 15 (4))

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	STATE OF MARY			
FOR	DED A DEMENT OF HEALTH AND			

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	REG. NO.					

	TYPE OR PR		Lac	hawn		BSTER	November		R1	26 HOUR 8:15
	3 SEX	Greneri	Las I4 RACE	Hawii	5. DATE C		6 AGE (IN YEARS LAST BIRT		IF UNDER TYEAR	IF NOER 2
	Fema	ale	Black			ember 1, 1981	, XOL (1111211111111111111111111111111111111		NONTHS DATS	HT AS
35	COUNT	LACE (STATE OF FOREIGN)	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED X	9 Baltimore City o	_		
57	10 CITY O	r town of DEATH imore County	LIF NOT IN SU	CHEACILITY GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF NONE)		126. KIND OF INDUSTRY	F BUSINES
3	_	nothers 13 Cou	4		ADMISSIONI		13e STREET ADDRESS 6225 Shipy	iew W	av	
00	14 FATHER		WIDDLE	Webster		Josephine			Dunlar	
		DECEASED EVER IN U.S. A		166 SOCIAL SECU	IRITY NO	17 INFORMANT	ADDRE	SS	1	
2 aed	NO NO	OR UNKNOWN) (IF YES C	IVE WAR OR DATES)	TO A C		Josephine Web	ster 6225 S	hipvi	ew Wav	
		nditions, if ony, which	DUE TO, C	DR AS A CONSEQUE	ENCE OF					
, April 1997	gar cou und	ve rise to immediate ise (a) stating the derlying couse lost	b)_ DUE TO, C	DR AS A CONSEQUE	ence of	NOT RELATED TO THE TERM	inal disease or cone	DITION GIVE	EN IN PART 1 o	
ores only rejory, or other troofing	gar cou und	ve rise to immediate ise (a) stating the derlying couse lost	DUE TO, CONDITIONS C	DR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM IN WAS PERFORMED	200_AUTOPSY?	20b. IF YES,	, WERE FINDIN	GS USED
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orneu or mem to snows ony injury, or other fromic	MEDICAL CERTIFICATION LOS COLUMN MW MATHORNA MATHORN	ve rise to immediate see (a) stating the derlying cause lost. T 2 OTHER SIGNIFICANT DATE OF OPERATION ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DETHER NOTIFY MEDICAL EXAMINING NUTURE OF COURSE OF COU	DUE TO, C CONDITIONS C 196 CONE 196 CONE 196 CONE 196 CONE 216 PLACE (AT HOME S'	OR AS A CONSEQUE ONTRIBUTING TO E OITION FOR WHICH OF INJURY OF INJURY OF INJURY OFFINJURY OFFINJURY OFFINJURY OFFINJURY OFFINJURY OFFINJURY OFFINJURY OFFINJURY OFFINJURY OFFICE F	OPERATIO AY YEAR 19 ARM, ETC.)	211. LOCATION STREET	YES NO RED (ENTER NATURE OF INJUR	206. IF YES, IN CERTIFY YES YIN ITEM 18 PA	, WERE FINDIN YING CAUSES	IGS USED OF DEATH
n zi is morked or nem io snows ony injury, or other troum.	MEDICAL CERTIFICATION 1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ver rise to immediate isse to), stating the derlying cause lost. T 2 OTHER SIGNIFICANT DATE OF OPERATION ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTION CON	DUE TO, C CONDITIONS C 196 CONE 196 CONE 196 CONE 196 CONE 216 FLACE (AT HOME, S')	OR AS A CONSEQUE ONTRIBUTING TO E OITION FOR WHICH OF INJURY O	OPERATIO AY YEAR 19 ARM.ETC1	211. LOCATION STREET Der 1, 19 81 and that in (a) our) opinion of	200 AUTOPSY? YES X NO RED (ENTER NATURE OF INJUR CITY OF TOV	20b. IF YES, IN CERTIFY YES YINITEM 18 PA	WERE FINDING CAUSES COUNTY Ond from the county	GS USED OF DEATH NO
IMPORTANT: If them 21 is morked or frem 18 shows only injury, or other froumch	WEDICAL CERTIFICATION LOS CONTRACTOR CONTRA	ve rise to immediate sise (a) stating the derlying cause lost. T 2 OTHER SIGNIFICANT DATE OF OPERATION ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DETHER NOTIFY MEDICAL EXAMINING NOT WHILE CORE ALL WORK LORE NOTIFY MEDICAL EXAMINING COUNTY OF CURRED CORE ALL WORK LORE NOTIFY MEDICAL EXAMINING COUNTY OF CURRED CORE ALL WORK LORE NOTIFY THAT IS NOT WHILE CORE ALL WORK LORE NOTIFY THAT IS NOT WHILE CORE ALL WORK LORE OF COUNTY OF COUNT	DUE TO, C CONDITIONS C 196 CONE 196 CONE 196 CONE 196 CONE 197 CONE 198 CONE 1	OR AS A CONSEQUE ONTRIBUTING TO E OITION FOR WHICH OF INJURY O	OPERATIO AY YEAR 19 ARM.ETC1	211. HOW INJURY OCCURR 211. LOCATION STREET	200 AUTOPSY? YES X NO RED (ENTER NATURE OF INJUR CITY OF TOV	20b. IF YES, IN CERTIFY YES YIN ITEM 18 PA	COUNTY ONE FIND IN THE PROPERTY OF THE PROPER	GS USED OF DEATH NO

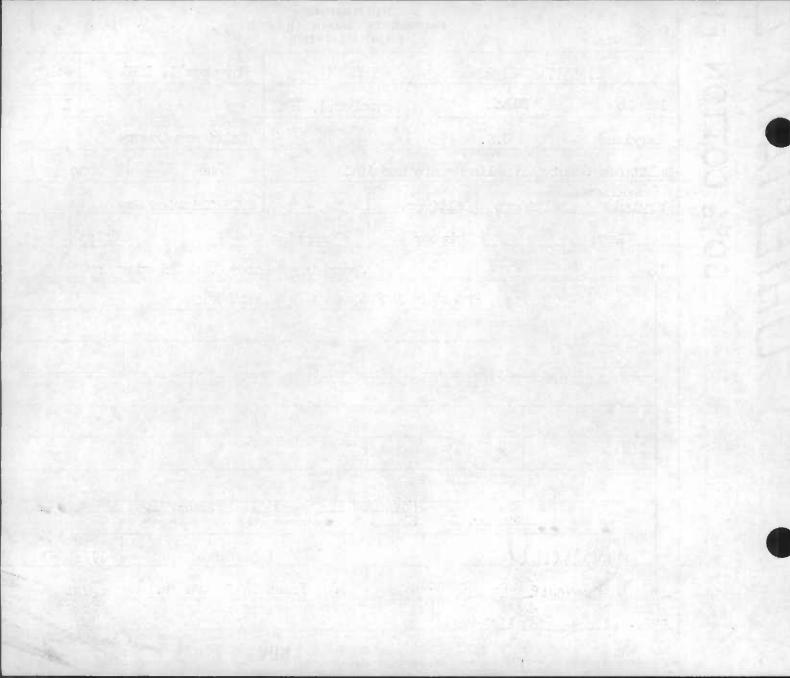
DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

None

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NOV 2 7 1981 There of the Aller Comments of the Comments of th



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours af

/		FOR		DEPARTA		E OF MARYLAND EALTH AND MENTAL HYG	IEME R	07	8 3	4 1
-/	1 -	STATE REGISTRAR		PEI ARTH		ICATE OF DEATH	REG. NO	(o- 20	0	
J)		CEASED NAME FIRST	-	MIDDLE	L	12A		ONTH DAY		HOUR
HE VO	11172	A 06.	17	WE	156	AL		11 15	8/	35 M
20/	3 SE	1	4 RACE		5 DATE C	OF BIRTH	& AGE IN YEARS LAST BIRTH	DAY) IF L		NDER 24 HRS
AT .		male	W	HITE	17	13 85	95	YRS.		
107		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF	S S	MARRIE WIDOWE	D NEVER MARRIED	ANXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	REUNTOP	P e yh Kxxxxxxxx	WXXXXXX
vittini e n	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	128 USUAL OCCUPATION		126 KIND OF BU	SINESS OR
ust by t	KI	Kesville M.D.	MILE	ora Mario	X NU	1sing Home	CANTOR		RELIGIOU	IS MUSIC
be f	130 5	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION NTY	13c. CITY OR TOW	N ADMISSION	134 INSIDE CITY LIMITS?	13e STREET ADDRESS			
should be examined in	-	ARYLAND THER'S NAME		BALTIMO	RE	YES XX NO 1	2502 EUTAW	PLACE	#21	217
and 2 sh	14 FA		WIDDLE	WEISGAL		First LEAH	WIDDLE		I EDMAN	
and co		VAS DECEASED EVER IN U.S. AR	MED FORCES? E WAR OR DATES)	166 SOCIAL SECU	RITY NO	17 INFORMANT DR	. HUGO WETS	GAL		
Pag		NO		215-32-1	186	81 MAPLE DR.	GREAT NEC	K, NY	11021 APPROXIMATE SETWEEN ONSET	
the attending ph emove carbon pa stemation, or rem r other traumatic		Conditions, if ony, which gove rise to immediate cause to, stating the	DUE TO, O	R AS A CONSEQUE	rea	rosderder	Heari &	Dess	3 y	ears
neen signed by Then please for to burial, any injury, o	TION	PART 2 OTHER SIGNIFICANT				rose				
t permit. giene pri	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	206. IF YES, W IN CERTIFYIN YES	YERE FINDINGS L IG CAUSES OF D	USED DEATH?
al-transit antal Hyg r Item 1		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER	HOUR A.		AY YEAR	21c HOW INJURY OCCURR	ED JENTER NATURE OF INJURY	IN ITEM 18, PART	ORPART 2)	
After this the buring hand Me narked o	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE (AT HOME, STO	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TOWN	4	COUNTY	STATE
ECTOR: for use as of Healt		270 I certify that (I) (thus bosp saw the deceased alive an above, (I) (we) (did) (did no	how	15 190	04	nd that in (my)-(our) apinion o	death accurred on the dat	e and hour or		(I) (aun) lost es stoted
RAL DIR letached ate Dept NT: If It		276 SIGNATURE	enne	2 Lev	カ	DEGREE ATTENDING PHYSICIAN D	MEDICAL STAFF		11 /15	18/
TO FUNER, should be de with the Sta		22d PHYSICIAN'S NAME ITYPE OF	RPRINT)	EVIN	.M.	DOIOIPEL	1675 AUE.	BAF	OMO.	2/215
P = 3 = -	- (BURIAL CREMATION, REMOVAL SPECIFY BURIAL	NOV.17	,1981 CH	IZUK	EMETERY OR CREMATORY AMUNO	23d. LOCATION CITY OF TOWN BALTIMOF	RE	MARYI	STATE
DHMH-16 25M RA 15, 4) 1/79		INERAL DIRECTOR SUL I		& BROS., BALTO.		21215 NOV	2 0 198 STRARY	M. REGIS (RA)	R'S SIGNATURE	r.

ENDING

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Item 18 sha

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MPORTANT: IF

MEDICAL

After this certificate has bee

offending physician

STATE OF MARYLAND

FOR - STATE REGISTRAR		DEPAI	CERTIFICA			REG. NO.						
DECEASED NAME YPE OR PRINT) Sr. Mary B	arbara W	Telsh RS, M	LAST			2a. DATE OF DEATH	11	5 5	YEAR 81	26 HOU		
SEX		ACE	5. DATE OF BIR	TH		6. AGE IN YEARS LAST I	BIRTHOAY)		RIYEAR	IF INUER	_	
Female	C	Caucasian	10	4AY	85	96	YRS	MONTHS	DAYS	HOURS	.//	
BIRTHPLACE (STATE O	R FOREIGN 76	CITIZEN OF WHAT COUNTR	Y? 8 MARRIED	NEVER M	ARRIEDXX	9. BALTIMORE CITY	OR COUNT	Y OF DE	ATH			

Wash. D.C. U.S. DIVORCED

(IF NOT IN SUCH FACILITY, GIVE STREET AQORESS)

WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

County 12a USUAL OCCUPATION Housekeeping 5155

126. KIND OF BUSINESS OR ers of Mercy

LAST

6806 Bellona Ave. Mercy Villa Baltimore USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AGMISSION) Baltimore Maryland

RIODLE R.

Baltimore

NO 15. MOTHER'S MAIDEN NAME Mary

13d INSIDE CITY LIMITS?

Jane Welsh

13. 6806 Bellona Ave.

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

II. CITY OR TOWN OF DEATH

14 FATHER'S NAME

Michael

16b. SOCIAL SECURITY NO. 218-54-1310

Welsh

17. INFORMANT ADDRESS Sr.M. Elaine Costello

6806 Ballona Ave.

	one cause per line for (a), (b), and (c),(1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
PART I. DEATH WAS CAUSED	CAUSE (0) Longes tre Lent	muie	
4280	DUE TO, OR AS A CONSEQUENCE OF		
Conditions, if ony, which	(b)		
couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF		
	(c)		
PART 2 OTHER SIGNIFICANT C	OND IT ON S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONI	DITION GIVEN IN PART 1 0
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
		YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)

LEW LEW	~~~	CO	~\	3	D.	N	nus
DATE OF OPERATION	196	CONDITIO	n for	WHICH	OPE	RATION	WAS PERF

1	210. ACCIDENT WAS UNDERLYING
1	OR CONTRIBUTING CAUSE OF DEATH
	(IF EITHER NOTHY MEDICAL EXAMINER)
ĺ	214 INJURY OCCURRED

NOT WHILE

AT WORK

HOUR A.M. MONTH DAY YEAR P.M 19 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE FARM, ETC)

11/7/81

211 LOCATION CITY OR TOWN

COUNTY	STATE

220.1 certify that (1)(this haspital) attended the deceased from sow the deceased alive on W. above. (1) (We) (did) (did not) view the body after death.

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE

Woodlawn

	23
MEDICAL STAFF	
DIRECTOR PHYSICIAN	

_	22c DAJE SIGNED
	THE DATE SIGNED
À.	
١	Machaex
	IVWWS

22d PHYSICIAN'S NAME

Burial

22e ADDRESS

PHYSICIAN

23d. LOCATION CITY OR TOWN

STATE

, that (I) we) lost

BP.

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR:

24 FUNERAL DIRECTOR

(SPECIFY)

230 BURIAL, CREMATION, REMOVAL

226. SIGNATURE

23b. DATE

231 NAME OF CEMETERY OR CREMATORY

25a DATE REC'D, BY REGISTRAR

Baltimore

TOWNS TO US OF THE LOCAL PROPERTY OF THE LOC

Labert Service Service Laborated		TH	1/11	Patro	
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TO HOSPITAL OR ATTENDING PHY	retained

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filler to should be detached for use as the buriol-transit permit. Then please remove carbon papers: Pages 1 and 2 should the should be detached for use as the buriol-transit permit. Then please remove carbon pages 1 and 2 should the Market beat of Health and Mental Hygiene prior to buriol, cremation, or removal.

MAPORTATE: If them 21 is marked or them 18 shows any injury, or ather traumatic event, the medical examiner miniters.

rector, page 3 urs after death

FOR - STATE

2. DEPARTMENT O CER

TATE OF MARYLAND	_		719	12		
OF HEALTH AND MENTAL HYGIENE	ö	ě	Gia	8	3	8 0
TIFICATE OF DEATH						
		REG. NO.				

	REGISTRAR				CERTIII	CAIL OI DEAIL		REG. N	O				
1. DECEASED NAME FIRST		MIDDLE			AST		20 DATE OF DEATH	MONTH	DAY Y	YEAR	2b HO	JR	
TITPE	: OR PRINT)	EDIT	Н	M	WHI	TE			11 1	17 8	31	4:13	BA M
3. SE	X		4. RACE		5. DATE O			6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER		IF UNDE	
	Female		Whi	to	June	- 1000		75	YRS	MONTHS	DAYS	HOURS	MIN.
	RTHPLACE (STATE OR	FOREIGN	7b. CITIZEN OF		JTRY2 8			9 BALTIMORE CITY O		Y OF DE	ATH		
	Maryland	d	US	SA	WIDOWE	NEVER MARRIE		Baltimore	Cou	nty			
10 CI	ITY OR TOWN OF DE.	ATH			URSING HOME O	ROTHER INSTITUTIO	NC	12a USUAL OCCUPATE				FBUSIN	ESS OR
	Towson	/				ical Cent	er	Homen			Owr	n Ho	ome
	AL RESIDENCE IN NUR	ING HOME OR	OTHER INSTITUTION		BEFORE ADMISSION	13d INSIDE CITY LIM		13e STREET ADDRESS					
-	Maryland	Balt	imore	Cocke	eysville	YES NO		Falls &	Shaw	an F	Roa	d	
14 FA	ATHER'S NAME		MIDDLE	LAS	51	15. MOTHER'S MAID	ENNAM	MIDDLE MIDDLE			LAST	T	
	C.		/ilbur		liller	Ed	ith	MIDDE		Day:			
	VAS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT		ADDRE	SS				
	No	(IF TES, OIV	WAR OR DATES	215 4	2 9682	Davison	n D.	. White, E	Balto	., N	1d.		
	18 CAUSE OF DEAT			r line far (a), (b), and (c)					BE	APPROXU	MATE INTE	RVAL
	PART I. DEATH V	VAS CAUSEI IMMEDIAT	D BY: E C AUSE (a)	Gram r	negative	sepsis							
	557	λ											
	Due to, or as a consequence of Conditions, if only, which (b) Bowel infarction												
	gove rise to immediate												
	couse (a), stating the underlying couse last Due to, OR AS A CONSEQUENCE OF Mesenteric artery occlusion												
	PART 2 OTHER SIG	NIFICANTO	ONDITIONS C					NAL DISEASE OR CON	DITION G	IVEN IN P.	ART 1 c		
2								THE BIOCHOE ON COTT					
ATI	19a DATE OF OPERA	TION	196 COND	ITION FOR V	HICH OPERATION	N WAS PERFORMED		20a AUTOPSY?		ES, WERE			
CERTIFICATION								YES TE NOT		IFYING CA	AUSES	OF DEA	
CER	21a. ACCIDENT WAS UN	DERLYING	216 TIME C			21c HOW INJURY C	OCCURRE	ED (ENTER NATURE OF INJU		1227	ART 2)		
	OR CONTRIBUTING		III	M. MONTI	H DAY YEAR								
MEDICAL	(IF EITHER NOTIFY MED			OF INJURY	19	21f. LOCATION							_
WE	WHILE NOT W	HILE			OFFICE, FARM, ETC)	STREET		CITY OR TO	WN	COU	NIY		STATE
	22a.1 certify that (I		(al) attended th	o deceared	11/1	2 10	81	to11/1	7	19 8.		that (1) (lune) less
	saw the deceas	1100	11/	L7	0.7	d that in (my) (aut) c		eoth accurred on the di	ote and ha				
	22a SIGNATURE	did (did no	view the body	after death		DEGREE						SIGNED	
	THE BOOKSTONE	V	1. 9	Hel	,	ATTEND		MEDICAL STAI		220.		-17-	
	274 PHYSICIAN'S N	145/00	w	1410		PHYSIC 22e ADDRESS	IAN [DIRECTOR PHYSIC	IAN L				
				0			Char	les St. To	weon	MD	211	204	
			ams, M.	J .					wson,	TID	212	204	
	BURIAL, CREMATION, (SPECIFY)	, REMOVAL	23b. DATE	0/01	Total Control	EMETERY OR CREMA	TORY	23d LOCATION		COUNTY	Y		STATE
0.1.5	Burial		11/1			ohn's		Glyndor		1	-	Mel.	·
	UNERAL DIRECTOR				as & Soi	13 00 .	50 DATE	REC'D. BY REGISTRAR	25M REGIS	TRA	SNA	Berte	UIV.
49	905 York	Road	Balto	o., M	d. 212	12	NU	1 1 3 1301	100	0			

DHMH-16 30M 2/80 (VRA 15, 4)

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White, Ealto., Md.	Onvison D.		313	
. M. tono Torost Mi.	25 1176	10 .32	11/19/81	f in a
	a Co.	no E & Ini	Mrs. Wank	

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR							REC	NO.						
	CEASED NAME	FIRST	٨	AIDDLE	I	AST		20 DATE OF DEAT	HTMOM H	DAY	YEAR	26 HOUR			
{ TYPE	OR PRINT) Ri	chard		Edgar		White			11	11	81	2:40P M			
3. SE			4 RACE		5 DATE C			6. AGE (IN YEARS LAS	T BIRTHDAY)	MONTH	DER TYEAR	HOURS MIN			
	М		W		Octo	ber 1,	1910	71	YRS	5.		HOURS MIN			
	RTHPLACE (STATE OR	FOREIGN	TO CITIZEN OF	WHAT COUNTRY?	MA PRIE	D NEVER	MARRIED T	9. BALTIMORE CIT	Y OR COUN	ITY OF D	EATH				
Ba	alto., Md.	1	USA	A	WIDOWE	_	VORCED TX	Baltimore County							
10. CI	ITY OR TOWN OF DE	ATH		OSPITAL, NURSIN	G HOME C		TITUTION	121	126. KIND OF BUSINESS O						
	owson		GBMC 67	101 N. Cha	arles	St. 2	21204	Jockey		Racing					
13a S	AL RESIDENCE (IF NUR STATE Md.	13b COUN		GIVE RESIDENCE BEFORE 13t. CITY OR TOWN TOWSON		13d INSIDE C	ITY LIMITS?	13e STREET ADDREȘS Virginia Towers							
IA FA	THER'S NAME	Dare.	LINOLC	100000		_	S MAIDEN NA								
	Lucius	E. Wh	i te	LAST		13. 740 11121		llian S.	Harris	on	LAS	ST			
	VAS DECEASED EVER			16b SOCIAL SECUI	RITY NO.	17. INFORMA	INT	AC	DRESS						
(YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	219 03 4	656 Mr. Richard E. White, Jr. 302						028 Green Oak				
	PART I. DEATH V			line for (o), (b), one Respirato	ory E	ailuro	3.4				BETWEEN	ONSET AND DEATH			
	Canditions, if ony, which gave rise to immediate couse (o), storing the underlying couse lost MMEDIATE CAUSE (a) RESPITATORY FAITURE DUE TO, OR AS A CONSEQUENCE OF Cancer of Gingival Sulcus							2 Years Ago iastinum							
Z	PART 2 OTHER SIG	NIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	AINAL DISEASE OR C	ONDITION	GIVEN IN	PART 1	0			
CERTIFICATION	19a DATE OF OPERA	MOIT	Squamo right	ous cell of radical	operatio cance node	n was performed and the contract of girls disect	ormed Ingival	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?							
	OR CONTRIBUTING	CAUSE OF DEA	IH I	M. MONTH DA	Y YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NATURE OF	MATH ME YAULM	8 PART) O	R PART 2)				
MEDICAL	21d. INJURY OCCUP	RRED	21e. PLACE		ARM ETC)	21f. LOCATION STREET		CITY	OR TOWN	C	OUNTY	STATE			
	270 I certify that (I sow the decea- above, (I) (we)) (this haspit	= 11/11	19_8			. 19 <u>8</u>	1 to 11, death occurred on the	11 e date and h		from the				
	276. SIGNATURE	-	7			DEGREE				2	7c. DATE	C. DATE SIGNED			
	aland Julanan ma						ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 11/11/81								
						27e ADDRES		1- n-1 C:	01.0	0.4					
	David Feldman, M.D. 6701 N. Charles St. 21204								04						

23c. NAME OF CEMETERY OR CREMATORY

Crownsville V. A.

BP.

TO FUNERAL DIRECTOR: After this

certificate has been signed by

should be detached for use as the burral-transit permit with the State Dept. of Health and Mental Hygiene prio IMPORTANT: If Item 21 is marked or Item 18 shows any

nding physician and campletely filled in by the funeral dir carbanpapers. Pages 1 and 2 shauld be filed within 72 hav

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

Burial

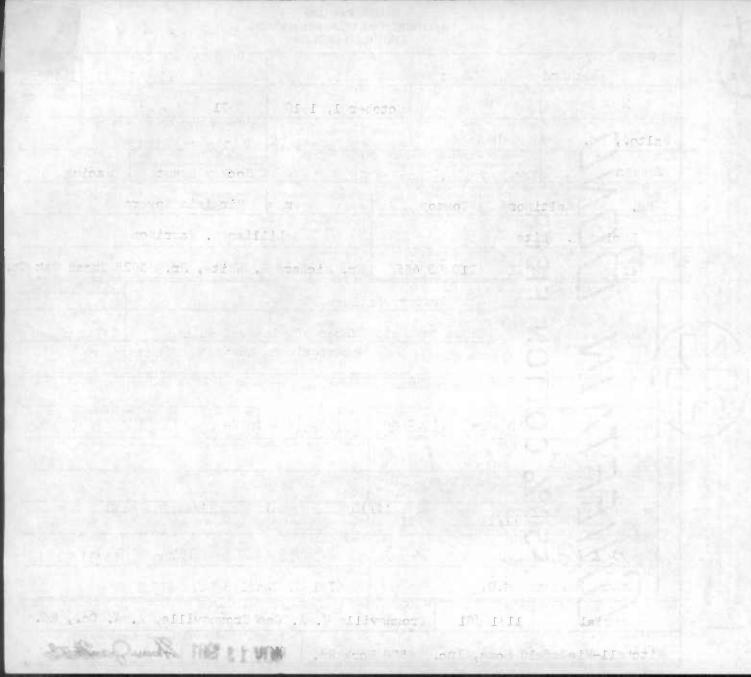
Mitchell-Wiedefeld Home, Inc. 6500 York Rd.

236 DATE 11/16/81

Cem

BY REGISTRAR 256 REGISTRAR'S SIGNATULE

Crownsville, A. Co., Md.



obysician and completely filled in by the funeral director popers. Pages 1 and 2 should be filed within 72 hours af

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detached for use as the burnal-transit permit. Then please remove carbon papers. For with the State Dept of Health and Mental Hygiene prior to burnal, cremotion, or removal.

ATTENDING PHYSICIAN: The low

etained by the hospital or attending physicia

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

1	1-	FOR STATE REGISTRAR	DEPART		FICATE OF DEATH	REG. N	6.00	. 3 J	tion as the g			
(1)		CEASED NAME FIRST Albert	Edward Whit	testor	ne, Sr.	20. DATE OF DEATH November						
	3 SE	Male	4 RACE White	S. DATE O	. 25, 1901	6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS LATE	HOURS MIN.			
35	M	IRTHPLACE IMATE ON FOREIGN COUNTRY! [aryland]	76 CITIZEN OF WHAT COUNTRY?	MARRIE		e Co	County County					
Confined	0	Wings Mills	11. NAME OF HOSPITAL, NURSING STREET OLD COACH LAT	ne, Ap		on Raili	126. KIND OF BUSINESS OF Industry Load Express Co					
of Must b	13a S	laryland Balt	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13c CITY OR TOW ings 1	VN	13d INSIDE CITY LIMITS? YES NO M	3 Old Coach Lane, Apt.1D						
Common 3	14. FA	Isadore	Whitestone	e	Carrie	Legg LAST						
medical		WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 714-05-6		Mrs. Dollie	same as #1						
ury, or other troumo	Z	DUE TO, OR AS A CONSEQUENCE OF Conditions, il ony, which gove rise to immediate couse lost. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I I I I I I I I I I I I I I I I I I I										
18 shows any in	CERTIFICATION	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED 21t HOW INJURY OCCURE	200 AUTOPSY?	IN CERTI	S, WERE FINDII IFYING CAUSES ES PART OR PART 2)				
marked or Ifem 1	MEDICAL	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOT WHILE ALL WORK ALL WORK		CITY OR TO		COUNTY	STATE					
21 is		220.1 certify that (1) (this hospital) attended the deceased from 9 19 19 19 19 19 19 19 19 19 19 19 19 1										
MPORTANT. If Hem		22d PHYSICIAN'S NAME (TYPE O										
		BURIAL, CREMATION, REMOVAL SPECIFY B urial			EMETERY OR CREMATORY Valley	Cockeysv	111e,	Maryla	nd STATE			

BP. DHMH=16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

1050 York Rd.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR

nowmen 19, 1811 of	ct Nursea Williamscome, No.	pil.
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		henl (2nd
. And Erose Carpender Con Control of Control	S. Old Moren Land, Apr. 12	with equive
S Big Comp. Tana, Lags.in	x = 1 militar c 12-0; embel2 in	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGIS	STRAR			CERTIFI	CATE OF DEATH		REG. I	VO.				
I. DECEASED		FIRST	WIDDLE	LA	st	2a. DATE	OF DEATH		DAY	YEAR	26 HOUR	-
(TITE OR FRING		Sophia	Beckmann	زليا	lhelm			11	1	81	12:0	ים (
J. SEX		4 RACE		S. DATE OF		6. AGE (N YEARS LAST B	RTHDAY)	MONTH	DER I YEAR	IF UNDER 2	4 HRS
F	emale	Wh	ite	8	13 1888	9:		YR	5.		HOOKS	PACIFIC
III. BIRTHPLA	CE (STATE OR FO	REIGN 76 CITIZEN	OF WHAT COUNTRY?	8 AAA PRIED	□ NEVER MARRIED □	9. BALTI	MORE CITY	OR COUN	ITY OF E	DEATH		
COUNTRY	MD	USA		WIDOWED		Ba	Itimor	e Co	unty			N
10 CITY OR	TOWN OF DEA		OF HOSPITAL, NURSIN		OTHER INSTITUTION		AL OCCUPA			L KIND C	OF BUSINES	35 0
Loch	earn		urg Luthe:		ome	Bo	okkeep	er	Stire) I			
USUAL RESI		IG HOME OR OTHER INSTITUT	ION, GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	130 STRE	ET ADDRESS					
Md.		XXXXXXXXXXX	Baltimor		YES NO	905	Joodbi	JINE	Ave			
14 FATHER'S					15 MOTHER'S MAIDEN NA	AME						
He:	rman	WIDDLE	Beckman	nn	Rosina		MIDDLE M		Ва	chmar		
		V U.S. ARMED FORCE	S? 166 SOCIAL SECU	IRITY NO.	17 INFORMANT AND	rehuna	Tarfine	RESS				
(YES, NO C	DR UNKNOWN)	(IF YES, GIVE WAR OR DATES	RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Augsburg Lutheran Home (S79-10-5033) 6811 Campfield Rd., Baltimore,							MD :	21207	
18 CAUSE OF DEATH Enter only one couse per line for 10, 16, and 10											IMATE INTERV	AL
gove cause unde	other SIGN	ediate the last CONDITION:	DENE	DEATH BUT I	A S . C							
FICA 190 DA	ATE OF OPERAT	ION 196 CO	ndition for which	OPERATION	I WAS PERFORMED	1010	UTOPSY?		RTIFYING		NGS USED S OF DEATH NO []	
OR CO	CCIDENT WAS UNDI	AUSE OF DEATH HOUR	E OF INJURY A.M. MONTH D, P.M.	AY YEAR	211 HOW INJURY OCCUP	RRED (ENTE		JURY IN ITEM	YES []	OR PART 2)	NO [
¥ WHILE	21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l LOCATION STREET CITY OR TOWN									YINUO	STA	TE
sc	w the decease	this hospital) attended diolived the bi-	19_	& L. on	that in (my) (our) apinion	n deoth occu	urred on the	dote and		from the		
22b. S	IGNATURE	XNO	5	0	ATTENDING PHYSICIAN	MEDIC	AL ST	AFF ICIAN []		22c. DATE	SIGNED	8
22d. Pł	HYSICIAN'S NA	ME (TYPE OR III)			22e ADDRESS 10 C	JORV	L Ro	ad,	BI	ALT	MO	2
230 BURIAL,	CREMATION, I	REMOVAL 236. DATE	23€ 1	NAME OF CE	METERY OR CREMATORY	CI	OCATION TY OR TOWN		ÇOUI	VIY	STAI	
(SECULT)	Runia7	77/1	187 Pi.	no Gno	no Cometery	Ra	usvili	e	Balt	imore	2 1	ML

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physicion and a should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ATTENDING PHYSICIAN. The law

etained by the hospital ar attending physician

DHMH - 16 50M 7/77 (VR A 15 (4))

Burial 11/4/81 Pine Grove Co PARENT BURIAL DIRECTOR Loring Byers Funeral Directors 8728 Liberty Rd., Randallstown, MD 21133

Pine Grove Cemetery Raysville 250 DATE REGID. BY PEGE RARTY REGISTRAR SCIGNATION THE

Trigital de de la	mindi	ndemstosa	Sagnas	
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		579-10-5033		all

STATE OF MARYLAND 1 - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	2	8	\$	0
REG NO				

		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.						
		CEASED NAME FIRST OR PRINT)	SWH-	MIDDLE	1	AST	26 DATE OF DEATH		DAY	YEAR	26 HOUR			
		Rebecca	3		Wis	ie.		1	-8-	3:25	D.M			
	3. SE	X	4 RACE		5 DATE C		6 AGE IN YEARS LAST BIR	THDAY		RIVEAR	IF UNDER 24			
		Female	Caucas	ian	12	10 07	7:	73 YRS	MONTHS	DAYS	HOURS	MIN		
	70 B1	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	1	- D MENTER WARRIED ED	BALTIMORE CITY	OR COUNT	Y OF DE	ATH				
5		Maryland	II S A		WIDOWE	D NEVER MARRIED &	De 14 in and Constant							
-		ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT			KIND OF	BUSINES	MD.		
0	Ca	atonsville	HOMSE I	n the Pin	ADDRESS)	tonsville	Unemploye				Works	ad		
-		AL RESIDENCE IN HURSING HOME O				COURTILE	Ottembroke	u	130	001	WOINC	-		
1	130 S	STATE 1134 COO	NIY	13c. CITY OR TOW		134 INSIDECITY LIMITS?	13. STREET ADDRESS							
2	Ma	aryland /		Baltimor	е	YES NO	326 Woodla	wn Ro	pad					
7	14 FA	ATHER'S NAME FIRST	MIDDLE	1.457		15 MOTHER'S MAIDEN NA								
X		George	Stewart	Wis	8	Rebecca	WIDDLE		Ski	renn.				
2		WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT		ESS OMS		ok,	Va.	560		
		No		213-10-8	528	Cornelia S.	Wise , Rt.	1 Bo	× 10	09				
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane couse per ED BY TE CAUSE (a)	line for (o), (by one	re Ce	i an	est.	The	H	APPROXIA	NATE INTERVA	ATH		
		Conditions, if ony, which gave rise to immediate cause to, stating the underlying cause last	(b)	R AS A CONSEQUE	zelen	atre C	VD							
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN	PART I(a				
7	CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT			GS USED OF DEATH	?		
7	EDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETTHER, NOTIFY MEDICAL EXAMINER 214. IN JURY OCCURRED	P. 21e PLACE	M. MONTH DA M. OF INJURY	19	211 LOCATION								
	W	AT WORK AT WORK	(AT HOME, STI	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TO	10	COL	o j	STAT	E		
		22e certify that (l) (this hosp saw the disciplify all plive at above		1/2 =19	214/	nd that in (my) (our) opinion of	death accurred on the d	ate and ho	ur and f		hat (I) (we auses state			
		226. SIGNATURE	1	Kend	Les		MEDICAL STA		22	L DATE	IGNED			
1		THE PRIVICIAN'S NAME (TYPE	1			220 ADDRESS	1			/				
1		Dr. Herbert Le	vickas			5404 East Drive, Baltimore, MD 21227								

231 NAME OF CEMETERY OR CREMATORY

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicis should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. **DHMH-16 25M**

ATTENDING PHYSICIAN

(VRA 15, 4) 1/79

24 FUNERAL DIRECTOR Edmondson Avenue, Catonsville, Maryland 2122

11/81

236 DATE

230 BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

Baltimore Greenmount Cemetery

23d LOCATION

STATE

Md.

COUNTY

or claim, we take a management to the last and to be Chronices Till all Carner Ties, margina 1963 KDV 19789 Land Carner and completely filled in by the funera ages 1 and 2 shauld be filed within 72

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and co-should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 with the State Dept- of Health and Mental Hygiene prior to burial, cremation, ar removal.

24 FUNERAL DIRECTOR

William E. Johnson 8521 Loch Raven Blvd NOV

OR ATTENDING PHYSICIAN The faw the haspital or attending physician.

TO HOSPITAL OR ATTENDIN

DHMH - 16 50M 1/B1 (VRA 15, 4)

1	1.	FOR STATE REGISTRAR			DEPARTI		EALTH AND MENTAL HY ICATE OF DEATH	GIENE U	REG. NO.	2 8	5 4	4 /	
		CEASED NAME E OR PRINT)	John		A .	Wojto	ezuk	20 DATE OF D	EATH MONTH	DAY YE.	R 2b	HOUR 1010P	
	3 SE	Х		RACE		5. DATE C		6. AGE TINYEAR	IS LAST BIRTHDAY)	IF UNDER 1	EAR H	UNDER 24 HRS	
		Male		Whit	;e	May	31, 1916	65	YR		ATS HE	OURS MIN.	
S Eace		IRTHPLACE (LATE ORF COUNTRY) [arvland	OREIGN 7b	U.S.	VHAT COUNTRY?	8 MARRIE WIDOWE	DI DIVORCED		CITY OR COU	NTY OF DEAT	Н	MD	
8 Gifted		Towson		St. Je	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) St. Joseph Hospital Wildowed D. Divorced Baltimore Cou (Type of work for most of working) Owner-operato					126 KIN IG LIFE) INDUS	126 KIND OF BUSINESS OF		
38	Ma	ryland	NY COUNTY	1218 Baltimore VESAX NO 3921 Ednor 1					Road				
3000	14 FA	Joseph	Wojtczuk Josephine					,	MIDDLE	Zowos	tow	ski	
dicol	16a V	WAS DECEASED EVER	N U.S. ARME	D FORCES?	166 SOCIAL SECL	IRITY NO.	17 INFORMANT		ADDRESS				
Se de		Yes	W.W	II 4	214-10-0	0346	Maria D. W	ojtczuk	: Balti	more,	MD	2121	
or other troumatic event		Conditions, if any, gove rise to imm cause (a), statin underlying cause	which pediate go the lost	DUE TO, OR	ASA CONSEQUI	ENCE OF	RREST -ARTSCLT GREATION	PNER	LM UNIT	1). 15	- 1	E INTERVAL ET AND DEATH	
y injury.	FICATION	PART 2 OTHER SIGN	POKE!	NDITIONS CO	MLTIPE	-15,		BULBA	AR PA	154			
2 Swod	CERTIFICA	10-29	81	0	1Arrow		DISTULGAN	-	IN CEI	YES, WERE FII RTIFYING CAU YES []	ISES OF		
Hem 18 s		210 ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	AUSE OF DEATH	21b. TIME OF HOUR A.A P.A	MONTH D	AY YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATUR	E OF INJURY IN ITEM	18 PART I OR PAR	2)		
orked or	MEDICAL	21d INJURY OCCURR	LE 🗍	21e. PLACE C	OF INJURY ET FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	C	EITY OR TOWN	COUNT		STATE	
m 21 is mo		saw the decease above, (1) (we) (d	d alive on	NO	V H 10		d that in (my) (our) opinion	death occurred o	in the date and				
Z T		22b. SIGNATURE	In C	gul	Mu	~ G		MEDICAL DIRECTOR	STAFF PHYSICIAN []		OV 4	F, 198,	
MPORTANT		Wn	CARL	10	ELING	M	7401 OSL	CR PR	. BAZ	-10,M	9.2	1204	
	1	BURIAL, CREMATION, I SPECIFY)		JOSE D			Hill Mem.	Gar. Ba		COUNTY	īV	STATE	

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Wathen

STATE OF MARYLAND

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1	-	FOR STATE REGIST	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Ì	REGISTRAR		CERTI	FICATE OF DEATH	REG. NO.	
	1. DECEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
i	TILLY		WOI	LF	NOV. 25,1981	4:33 PM
1	3. SEX	4 RACE		OF BIRTH OAY YEAR	6. AGE (IN YEARS LAST BIRTHOAY)	MONTH DAYS HOURS MIN.
J	FEMALE	WHITE	MAN	1889	92 _{YRS.}	
9	70. BIRTHPLACE I MATE ON FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
	HUNGARY	USA	WIDOW	EDX DIVORCED	BALTIMORE COUNT	Y MD.
5	RANDALLSTOWN	BALTIMORE	COUNTY GEN	OR OTHER INSTITUTION N. HOSP.	TIZE USUAL OCCUPATION (TYPE OF WORKING LI HOUSEWIFE	126 KIND OF BUSINESS OR HOME
5	SUAL RESIDENCE (IF NURSING HOME OF 130 STATE TOUR COUNTY)		LTIMORE	13d. INSIDE CITY LIMITS?	134 0002 CLARKS LAN	NE (21215)
1	14. FATHER'S NAME	WIDOLE	LAST	15. MOTHER'S MAIDEN NA	ME	124.1
2	SAMUEL	MARMOF	RSTEIN	ESTHER	MODIC	UNKNOWN
	160. WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SC	CIAL SECURITY NO.	17 INFORMANT	ADDRESS	(21209)
-	NO	213	1-74-1920	MRS. ELAINE	SULS 2807 MARNAT	
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A (b) DUE TO, OR AS A	CONSEQUENCE OF	4S LVD	u royanin	15 tyn
	ZO PART Z OTHER SIGNIFICANT	V-			AIN AL DISEASE OR CONDITION GIV	
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION F	OR WHICH OPERATIC	ON WAS PERFORMED	IN CERTII	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S \(\text{NO} \)
-		HOUR A.M. M	RY ONTH DAY YEAR 19	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM IB	PART OR PART 2)
	OR CONTRIBUTING CAUSE OF DEA	21e PLACE OF INJU	JRY ORY OFFICE FARM ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (1) (this haspi sow the deceased alive on above, (1) (we) (did) (did no 22b. SIGNATURE	11/28	10 6/	nd that in (my) (our) opinion DEGREE	deoth accurred on the date and hou	19 , that (I) (we) last if and from the couses stated
7	22d PHYSICIAN'S NAME (TYPE O	Film	of Pa	ATTENDING PHYSICIAN &	MEDICAL STAFF DIRECTOR PHYSICIAN	11/25/01
	MAURICE FEI				SS COUNTRY BLVD.	(21215)
	230 BURIAL, CREMATION, REMOVAL		23¢ NAME OF C	EMETERY OR CREMATORY	23d LOCATION	
	(SPECIFY)				CITY OR TOWN	COUNTY STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

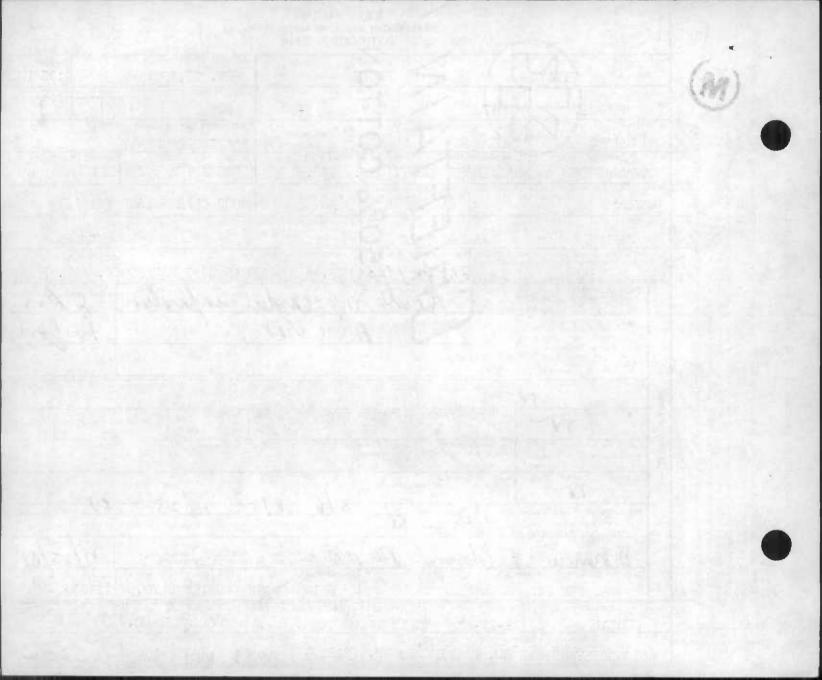
TO FUNERAL DIRECTOR After this certificate has been si

IMPORTANT. If Hem 21 is morked or Item 18 shows any

BURIAL BETH TFILOH CEM. 24 FUNERAL DIRECTOR

WOODLAWN, MD.

FUNERAL DIRECTOR SOL LEVINSON & BROS.
6010 REISTERSTOWN RD. BALTIMORE, MD. (21215) 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Warthen



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial. cremation, or removal

MAPORTANT. If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical exam

FOR

rector, page 3 urs after death

may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR				CERTIF	CATE OF D	EATH	REG.	NO.			
	1 DEC	CEASED NAME	FIRST	A.	AIDDLE	d a	AST	107	20. DATE OF DEATH	HTMOM	DAY YEAR	26 HOUR	- 0
		Emilie	0	The	105 1	10/1	Fe .		11-18-	81		7:45	M
	3 SEX	F	4	RACE		5 DATE C	PF BIRTH	YEAR 96	6 AGE (IN YEARS LAST B	RTHDAY) YRS.	MONTHS DAYS	HOURS N	AIN
1		THPLACE (STATE OR FO	DREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	NEVER A		9 BALTIMORE CITY		Y OF DEATH		
3	B	are lan eb		225,	A	WIDOWE	-	VORCED	Baltin	ore	Canta	-191	MD
	10 CIT	TY OR TOWN OF DEA			IOSPITAL, NURSIN	IG HOME O	4-7		120 USUAL OCCUPA			F BUSINESS	OR
2	Ca	tonsvill	0	Shade	Mock ?	ACT SI	ws Her	ne	TYPE OF WORK FOR MOS	OF WORKING	INDUSTRY	e	
1	USUA 13a S	L RESIDENCE (IF NURS	ING HOME OF OT	THER INSTITUTION,	GIVE RESIDENCE BEFORE		13d. INSIDE C	ITV LIANITS2 1	13e STREET ADDRES			3	
3	M	d	Horara	1	Ellicot	A 1500 M	YES [NO M	110000	ridde	lehia	Rd.	
	14 FA	THER'S NAME	MIC	DDLE	LAST _	1		MAIDEN NAM	AE MIDDLE		IAS	7	
E,	-	Token	Hen	14	Phele	5	ANN	a	Dora	Ha	rtley	-	
2		AS DECEASED EVER	IN U.S. ARM		166 SOCIAL SECU	RITY NO.	17 INFORMA	NT	ADD	RESS	91	1	
4		710	-		31522	9830	E/W	ne l.	Lenes	Ellies	+ C5	Md.	
i		18 CAUSE OF DEATH			line for (o), (b), on	d c	-3/9				BETWEEN	MATE INTERVAL ONSET AND DE	L ATH
		PARTI. DEATH W	IMMEDIATE		Sepsig						16	1034 5	
		4380		DUE TO, OF	R AS A CONSEQUE	ENÇE OF	,						
1		Conditions, if ony,	which	(b)	Becabi	ters	21/0	5			5 71.	104 74	5
		couse (o), statin underlying cause	g the	DUE TO, OF	ASA CONSEQUE	NCE OF					130	mth.	3
	Z	PART 2. OTHER SIGN	NIFICANT CO	NDITIONS CO	NTRIBUTING TO I	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CO	NDITION G	IVEN IN PART 10	01	
2	CERTIFICATION	190 DATE OF OPERAT	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	IN CERT	ES, WERE FINDIN		?
	CER.	210 ACCIDENT WAS UND		216 TIME O		WE AR	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18	, PART I OR PART 2)		
		OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC.		HOUR A./	M. MONTH DA	AY YEAR							
	MEDICAL	21d. INJURY OCCURE	RED	21e PLACE			211 LOCATIO)N	CITY OR T	OWN	COUNTY	STATE	
ŗ.	2	WHILE NOT WE	HILE	(AT NOME, 31K	LET. FACTORT, OFFICE, P	ARM, ETC.)						J	
		220.1 certify that (1) sow the decease above (1) (See (c	ed alive on	1100.1	19_4	0001	10 nd that in (my)	19 S (our) opinion d	eoth occurred on the	date and ha		that (1) (we causes state	
		226 SIGNATURE	-	wew the body	Oner deoni	[DEGREE			- 11	22c. DATE	SIGNED	
		Cours V	R. 7	Zon		In.	A t	PHYSICIAN Z	DIRECTOR PHYS	AFF	11-1	8-19	1
		22d PHYSICIAN'S NA	AME (TYPE OR P	RINT)			22e ADDRES	\$		-1.			,
		Varid,	R.M.	Usem		D-	4713	Leed	ds Ave	A	mportus	MA	
	23a. BI	URIAL, CREMATION,	REMOVAL	23b. DATE	231	VAME OF C	EMETERY OR	CREMATORY	23d LOCATION	1-1-	COUNTY	STATE	1
	74 ELL	INERAL DIRECTOR		11-21	-31 .A	6 1	WAD CON	WILLA 1256 DATE	REC'D. BY REGISTRA	RISHAFGIS	STRAP'S SIGNAT	LIPE	1
١	11	NAME DIRECTOR	4	65	ADDRESS	- if		NOV	23 1981 2	Janes-	Va 92	The	
	14	Want !	TILALA	at. 1	Y make a	24/6/1	Pillhi	2 1972	- 0 10010	1 formad	1000	- CONTRACTOR	

DHMH - 16 50M 7/77 (VR A 15 (4))

retained by the haspital or attending physician.

TO HOSPITAL

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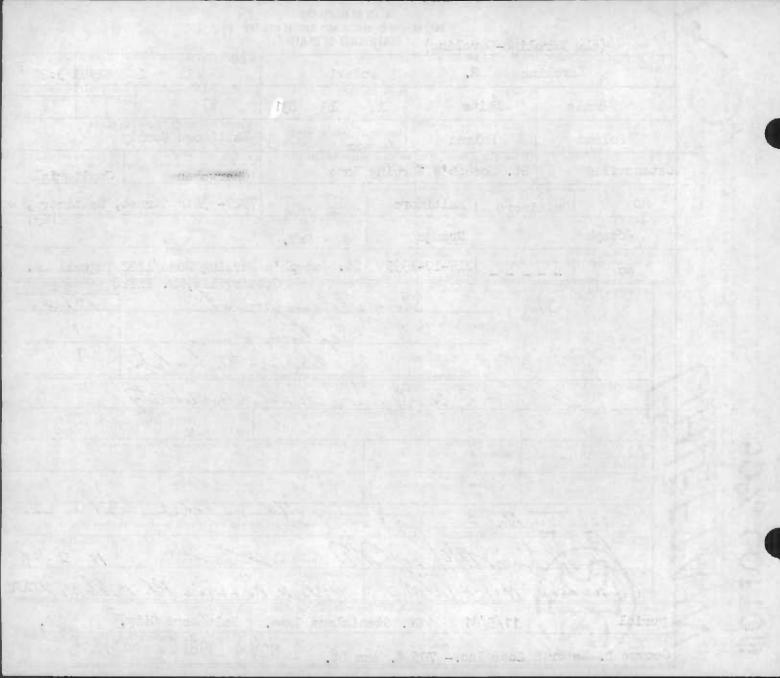
requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retoined by the hospital or attending physician.

executed within 24 hours after death. Page 4 may be

1	3	1.	FOR STATE REGISTRAR (a)	ka Karo		roline)	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 🐉 🖁	2. c		5 0
74/			CEASED NAME ORPRINT)	Karoli:		R.		olski	20 DATE OF DEATH	MONTH DAY	1981 2b	3:20 P
8.00 8.00 8.00)	3. SE	F em	ale /	4 RACE Whi	te	5 DATE C	13 83	6. AGE (IN YEARS LAST BIR	HDAY] IF UN		OURS MIN
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DHMH-16 50M 7/77 (VR A 15 (4))



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed

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within 24 hours ofter

	STATE OF MARILAND			
FOR	DEPARTMENT OF HEALTH AND MENTAL			
STATE REGISTRAR	CERTIFICATE OF DEATH			

CTATE OF MADVIAND HYGIENE 0

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	REGISTRAR		CERTIFICATE	OFDEATH	REG. NO.		
	CEASED NAME WILL HOU		WRIG	RIGHT	20. DATE OF DEATH MONTH	28 81	6-10 PM
3 SE	Male	4 RACE White	5. DATE OF BIRTH	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN
	RTHPLACE (MATE OR FOREIGN COUNTRY) Georgia	U.S.A.	WIDOWED	DIVORCED XX	P BALTIMORE CITY OR COUR	TTY OF DEATH	-О мд.
T	OW SON	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, NULTI: MEDICAL	ONU Cte.	of Towson	Food Servic	e life) 12b. KIND (INDUSTRY Rest	of Business OR taurant
F.	lorida Hil.	or other institution give residence before inty 13c city or town laborough Tamp	a 138. INS		905 N. Flor	ida Ave	enue
W		Howard Wrigh	it, Sr.	Alice	WIDDLE	Stepl	heson
100	VAS DECEASED EVER IN U.S. AI YES YOUR HINKNOWN) (18 YES GO			dra W. B	ailey Balto.		21230
	Conditions, if ony, which gove rise to immediate couse io, stating the underlying couse last.	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO DE	NCE OF	ATED TO THE TERMI	S Coll CA	of	V/2 MEGA
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	220 PHYTICIAN'S NAME (TYPE	BESKY HD	Hay Min AD	OS WH	MEDICAL STAFF DIRECTOR PHYSICIAN	BACTIN	28/81
23a. B	BURIAL, CREMATION, REMOVAL Urial		rtle Hi	OR CREMATORY Ll Cemet	ery Tampa, F	lorida	STATE
	uneral director lliam E. Joh	nson 8521 Loch	Raven		REC'D. BY REGISTRAR 25b. REC	ISTRAR'S SIGNAT	Partle
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retained by the hospital or

TO FUNERAL DIRECTOR. After this certificate has been signed by the attentional be detached for use as the buriol-transit permit. Then please remitted with the State Dept, of Health and Mental Hygiene prior to burial, cremation. IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traum

DHMH - 16 50M 1/B1 (VRA 15, 4)

William E. Johnson 8521 Loch Raven Blvd

maintain letter execute the complete of the con-S. Ol. Same of von Kalendard days and hearing a second TO FUNERAL DIRECTOR: After this certificate has been signed by the othending physician and completely fulling the should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should the limit the State Dept of Health and Mental Hygiene prior to burial, cremotion, ar removal.

within 24 hours after death. Page 4

FOR • STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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1 00					REG. NO.	
	ECEASED NAME	CHARLE:	MIDDLE S	LAST YAKER	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
	PE OR PRINT)	CHER	SIDDLE S. IF	TAKLIK	11-	30-815-100
3. SE	EX	4 RACE	5 DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 H
N	MALE	WHITE			OT	MONTHS DATS HOURS MI
	BIRTHPLACE INTATE OR FO		WHAT COUNTRY? 8	K. 1, 1095	O YRS	
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R	RANDALLSTOWN		MORE COUNTY G	EN.HOSP.	MASTER PLUMBER	PLUMBER
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M	MARYLAND	BALTO.	BALTIMORE	13d. INSIDE CITY LIMITS?	3221 SHELBURN	E RD. #21208
14.F	FATHER'S NAME			15. MOTHER'S MAIDEN NA		
0	SAMUE L	MIDDLE	YAKER	MIRIAM	WIDDIE	GOLDENBERG
I fo	WAS DECEASED EVER IN	NUS ARMED FORCES?	16b SOCIAL SECURITY NO.		DE A ED TARRESSA VE	
		(IF YES, GIVE WAR OR DATES)	218-14-8559	3221 SHELBUR	SS BEATRICE YAKE RNE RD. BALTO). MD 21208
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	18 CAUSE OF DEATH PART I. DEATH WA	Enter anly ane cause per				BETWEEN ONSET AND DEAT
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retained by the haspital or attending physician

DHMH - 16 50M 1/81 (VRA 15, 4) 74 FUNERAL DIRECTOR SOL LEVINSON & BROS. , INC.

DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNAMUME

6010 REISTERSTOWN RD. BALTO., MD 21215

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the fun should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

page 3

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1	1.	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG	REG. NO.	26000
		CEASED NAME ROBE:	rt L.	Yai	crington &	20. DATE OF DEATH MONTH	DAY YEAR 25 HOUR
	3 SE	^x Male	White	5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF STODER IN HES MONTHS DATS HOURS MIN.
		IRTHPLACE ISTATE OR FORFIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CITY OR COU	OUNTY MD.
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Cxomise 3/	14 FATHER'S NAME FIRST MIDDLE LAST			15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST			
e medica		VAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? E WAR OR DATES) 166 SOCIAL SECU	RITY NO. 7-8349	CENNY YARA	ADDRESS	TEMPERS RAR JO
aumatic event, t		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSED IMMEDIAT	Up one couse per line for a , (b) cfill D BY: E CAUSE (b) DUE TO, OR AS CONSEQUE	MI	errest in Heart	Design	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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n 21 is m		sow the deceased alive on above, (1) (we) (did) (did not	october 27 19		d that in (my) (our) opinion d	_, .0	hour and from the courses stated
T. F te		226 PHYSICIAN'S NAME (TYPE OF	Tayler up		ATTENDING PHYSICIAN [2]	MEDICAL STAFF DIRECTOR PHYSICIAN	27c DATE SIGNED 11/13/81
MPORTANT		Dr. Dean R.	Taylor			clin Square	Drive Suite
_	B	SPECIFY LREMATION, REMOVAL	236. DATE 236 N	HLLY	HTLLM. G	23d LOCATION CITY OF TOWN Baltimo	re Md. 21237
1/81	24 FL	UNERAL DIRECTOR NAME ONNELLI FUI	NERAL HOME 3	00/11/	ALE AVE 250 DATE	REC'D. BY REGISTRAR 256 BECOME 17 1981	GISTRA'S JONAT IV

STATE OF MARYLAND

DHMH - 16 50M 1/81 (VRA 15, 4)

